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ABSTRACT

This document presents witness testimonies from a hearing discussing two issues critical to the House of Representatives, Subcommittee on Criminal Justice, Drug Policy and Human Resources: insuring government support for effective programs to reduce the demand for illegal drugs, and facilitating the inclusion of faith-based providers in the delivery of social services. The hearing specifically seeks to examine how the unique element of faith impacts the structure and success of such programs. In an effort to identify the qualities of programs that are successful in addressing these issues, statements from professionals and participants in faith-based programs were presented to the subcommittee. The panelists included John Castellani, executive director of Teen Challenge International; Ron Frederick, graduate of Teen Challenge International; Pastor Roosevelt Sanders, Mission Baptist Church, Indianapolis, IN; Sara Trollinger, president and founder, House of Hope, Orlando, FL; and Rev. Horace Smith, Group Ministries Baltimore, Inc., Baltimore, MD. The prepared statements of the witnesses are included. (GCP)

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Effective Faith-Based Treatment Programs

Hearing before the
Subcommittee on Criminal Justice, Drug Policy and the Human Resources of the Committee on Government Reform

House of Representatives
107th Congress
First Session

May 23, 2001

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EFFECTIVE FAITH-BASED TREATMENT PROGRAMS

HEARING

BEFORE THE
SUBCOMMITTEE ON CRIMINAL JUSTICE,
DRUG POLICY AND HUMAN RESOURCES
OF THE
COMMITTEE ON
GOVERNMENT REFORM
HOUSE OF REPRESENTATIVES
ONE HUNDRED SEVENTH CONGRESS
FIRST SESSION

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EFFECTIVE FAITH-BASED TREATMENT PROGRAMS

WEDNESDAY, MAY 23, 2001

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND
HUMAN RESOURCES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:13 a.m., in room 2154, Rayburn House Office Building, Hon. Mark E. Souder (chairman of the subcommittee) presiding.

Present: Representatives Souder, Cummings, Mr. Davis of Illinois, Carson, Mica, Weldon, and Gilman.

Staff present: Chris Donesa, staff director; Conn Carroll, clerk; Tony Haywood, minority counsel; Denise Wilson, minority professional staff member; Lorran Garrison, minority staff assistant; and Peter Anthony, intern.

Mr. SOUDER. The subcommittee will come to order.

We're going to do our opening statements, and then we'll introduce each of the witnesses.

Good morning, and thank you all for coming.

Today's hearing combines two issues that are critical to the subcommittee's mission for the 107th Congress: ensuring Government support for effective programs to reduce the demand for illegal drugs, and facilitating the inclusion of faith-based providers in the delivery of social services.

Two weeks ago, President Bush remarked that family schools, communities, and faith-based organizations shape the character of young people. They teach children right from wrong, respect for law, respect for others, and respect for themselves. I agree. And, as I have stated many times in the past, we cannot tackle the problems of drug abuse and the concurrent social problems crime costs our country without an approach that simultaneously addresses prevention, education, treatment, enforcement, interdiction, and eradication.

Prevention and treatment programs rightly occupy a substantial portion of our Federal drug control budget, almost twice as much as interdiction and international programs. Even so, our Nation must continue to increase our focus on education, prevention, and building effective community coalitions to prevent drug abuse.

The Federal budget for treatment, alone, has grown 35 percent to more than $3 billion since 1996, and prevention and education funds have grown 52 percent. While we have dramatically in-

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creased spending, many questions relating to effectiveness of programs and results remain.

The subcommittee this year will undertake a comprehensive effort to address these issues, and we support President Bush's efforts to do the same for existing programs in the executive branch.

One area which has shown promise is faith-based treatment programs such as those run by Freddie Garcia in Texas, where I visited several times, and the witnesses who are before us today. The faith community has achieved results in some ways which other programs have not, and our goal today is to hear from them about their approach and what works and why it works.

The President has identified these programs as a priority and has asked Professor Dejulio to compile a complete inventory of existing faith-based partnerships for the purpose of strengthening these efforts by early June. We look forward to the findings of that inventory.

We have many issues to examine today, and I look forward to hearing from our witnesses about their experiences with faith-based programs. We need to know how the unique element of faith impacts the structure and success of these programs. We need to know how spirituality works to build self-esteem and self-confidence in those who are in psychological and psychological need and doubt.

Substance abuse imposes staggering costs on individuals, families, businesses, and schools. We in Congress need to support and encourage programs that work, and we are here today to do that by learning directly from providers who work with these issues every day.

From Teen Challenge International we have Executive Director John Castellani and Ron Frederick, a program graduate; from the Mission Baptist Church in Indianapolis we have Pastor Roosevelt Sanders; from the House of Hope in Orlando joining us is Sara Trollinger, its president and founder; and from Group Ministries Baltimore, president and CEO Reverend Horace Smith will testify.

Thank you all for coming and for your commitment to your communities and neighbors. We look forward to your testimony.

[The prepared statement of Hon. Mark E. Souder follows:]

Opening Statement of Chairman Mark Souder

"The Effectiveness of Faith-Based Drug Treatment Programs"
Subcommittee on Criminal Justice,
Drug Policy and Human Resources
May 23, 2001

Good morning and thank you all for coming. Today's hearing combines two issues that are critical to the Subcommittee's mission for the 107th Congress – ensuring government support for effective programs to reduce the demand for illegal drugs, and facilitating the inclusion of faith-based providers in the delivery of social services.

Two weeks ago, President Bush remarked that "families, schools, communities and faith-based organizations shape the character of young people. They teach children right from wrong, respect for law, respect for others and respect for themselves." I agree.

And as I have stated many times in the past, we cannot tackle the problems of drug abuse and the concurrent social problems, crime, and costs to our country without an approach that simultaneously addresses prevention, education, treatment, enforcement, interdiction and eradication.

Prevention and treatment programs rightly occupy a substantial portion of our federal drug control budget – almost twice as much as interdiction and international programs. Even so, our nation must continue to increase our focus on education, prevention, and building effective community coalitions to prevent drug abuse. The federal budget for treatment alone has grown 35 percent, to more than $3 billion since 1996, and prevention and education funds have grown 52 percent. While we have dramatically increased spending, many questions relating to effectiveness of programs and results remain. The Subcommittee this will undertake a comprehensive effort to address these issues and we support President Bush's efforts to do the same for existing programs in the Executive Branch.

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From Teen Challenge International, we have Executive Director John Castellani and Ron Frederick, a program graduate. From the Mission Baptist Church in Indianapolis, we have Pastor Roosevelt Sanders. From the House of Hope in Orlando, joining us is Sara Trollinger, its President and Founder. And from Group Ministries Baltimore, President and CEO Reverend Horace Smith will testify.

Thank you all for coming and for your commitment to your communities and neighbors. We look forward to your testimony.

Mr. SOUDER. I now recognize the ranking member, Mr. Cummings, for an opening statement.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

Today the subcommittee begins its second oversight hearing into faith-based initiatives. The focus of our hearing today is the effectiveness of faith-based drug treatment programs. I want to begin by commending Chairman Souder for scheduling hearings on faith-based initiatives. This is a very serious issue, and I am pleased that the subcommittee will be devoting significant time to it.

I agree with many that there is a pressing need for congressional examination of this issue, and I want to thank the chairman for beginning the oversight process.

Today we are addressing the issue of whether faith-based drug treatment programs are more effective than Federal programs, and whether faith-based drug treatment programs are less costly than Federal programs.

We do not yet know how effective faith-based organizations are, in general, and in particular we do not know how effective faith-based drug treatments are. And, in spite of the fact that faith-based charitable choice provisions have been in Federal law since 1996, we have no information on how these programs work.

With regard to faith-based drug treatment programs, the General Accounting Office, in a 1998 report entitled, "Drug Abuse: Studies Show Treatment, its Effect, but Benefits May Be Overstated," revealed that faith-based strategies have yet to be rigorously examined by the research community.

Last year the National Institutes of Health and the National Institute on Drug Abuse, in response to an inquiry from the National Association of Alcoholism and Drug Abuse Counselors wrote, "Although there are a number of studies emerging that faith or religiosity may serve as a protective factor against initial drug use, there is not enough research in the treatment portfolio for NIDA to make any valid conclusive statements about the role that faith plays in drug addiction treatment. How can we respond to claims that faith cures drug abuse in the absence of any real documentation and research?"

That was just the question I posed to GAO and why last month I wrote to the agency asking that they study the role and effectiveness of faith-based organizations in providing federally funded social services.

If Congress and the President are going to expand the role of faith-based organizations in fulfilling Federal mandates via charitable choice, we must have a basis for assessing how these organizations have performed.

Mr. Chairman, I am well aware of the devastation caused by drugs and alcohol abuse and addiction, and I am well aware of the drug treatment services and counseling offered by churches and other religious organizations. As the son of two ministers, I recognize the role that faith and spirituality can play in helping to treat a person suffering from drug addiction; however, make no mistake about it, drug addiction is an illness, and as an illness it requires medical and psychological attention.

Treating drug/alcohol addition and abuse is not about saving souls; it is about treating a disease. It is not about using Federal funds to proselytize; it is about providing trained and licensed addiction counselors, professionals, to assess an individual's needs and the methods of treatment. It is not about relaxing State licensing and certification standards for substance abuse counselors; it is about ensuring that our poorest and least-served receive the best treatment available as they struggle to overcome a devastating disease. In their time of need they deserve and we must demand accountability in the provision of drug treatment services.

Drug addiction treatment demands quality resources and effective treatment. It should not be used as a testing ground for unproven methods or unlicensed professionals. We must never lose sight of the fact that Federal funding of drug treatment services is a public service, one available to every person everywhere. As a result, public health services must never be placed in the position of competing for Federal funds.

In treating drug addiction, integrity, accountability, and responsibility must be part of any treatment package. To that end, I would like to submit for the record a letter sent to Members of Congress last month by the Association of Addiction Professionals addressing charitable choice.

Finally, Mr. Chairman, I would like to recognize Reverend Horace Smith, who has dedicated his life to uplifting the lives of those who have fallen because of drug addiction. He is a member of my church, the New Summits Baptist Church in Baltimore, and he is one who has consistently been on the battleground trying to address this issue, and doing it very effectively as the president and CEO of Group Ministries Baltimore. He is from my congressional District, and I am pleased that he is with us today.

I want to thank all of our witnesses for being with us. It is very important that we have your testimony. As I've often said, we are the ones that have to create the laws so that the people can best be served, but, in the words of Martin Luther King, Sr., we cannot lead where we do not go, and we cannot teach what we do not know. And so we are very, very pleased to have you and we know that you will contribute tremendously to our efforts to come up with the best solutions to the problems that we are attempting to address.

Mr. SOUDER. Thank you.

I now yield to Congressman Davis, a distinguished member of the committee.

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman. I have just a brief comment in terms of taking the opportunity to thank you for holding this hearing.

I also want to welcome all of those who have come to testify. I think the subject that we are dealing with is probably one of the most important ones that we will discuss during this Congress, because what we're really trying to do is rationalize an approach to finding solutions to some of the major problems that exist in American society, and, while I have some reservations about some things—as a matter of fact, the philosopher Schopenhauer probably represents my thinking about most things, and he said he doubted a little bit of everything. The only thing that he didn't doubt was the fact that he doubted.

I think there are some holes and gaps in everything that we attempt to do and everything that we approach, but I also like the definition of faith that I've come to accept, and that is that it is, indeed, the substance of things hoped for and evidence of those things yet to come. And so there are some things that we end up just kind of feeling, just kind of knowing, just kind of seeing.

I'm certainly interested in finding out the experiences of the witnesses. I have no doubt in my mind about some effectiveness of faith-based initiatives and programs. As a matter of fact, I've seen them at work. I've been around faith all of my life. Everything that I've seen people accomplish basically has been as a result of a tremendous amount of faith, and oftentimes those things seemed impossible but they did it anyway. They made it happen.

I grew up in rural America where people built large churches, and I often wondered how they could do it with the low money that they had, but generally they would bring it together, mix it up, hold on to it, and keep building.

I look forward to the testimony and thank you again, Mr. Chairman, for holding this hearing.

Mr. SOUDER. Thank you.

We have been joined by Congresswoman Julia Carson, a fellow Hoosier, long-term legislator from Indianapolis who now represents the city of Indianapolis, and she'd like to give a special welcome to a constituent of hers.

Ms. CARSON. Thank you very much, Mr. Chairman Souder, and certainly to the ranking member, the Honorable Elijah Cummings and the Hon. Danny Davis from Chicago, and all of those who are gathered together in one place in one accord, and certainly that is to understand this whole effort in terms of faith-based and drug addiction.

We know that the majority of our prisoners across the country are in prison because of drug addiction, drug activity, and it is reminiscent of the teachings of Christ that said, "When I was in prison, did you come?"

It is my pleasure, with a great deal of humility—and I'm so happy that the chairman allowed me to come and sit up here with the big boys this morning. I'm not on this committee. But when you have a distinguished gentleman from my District, I want to get in the middle of it.

The Honorable Minister Doctor Roosevelt Sanders is a pastor of the Mount Vernon Missionary Baptist Church, which I'm very proud to say is located in my congressional District out in Indianapolis, IN, and he is a young man whose father preceded him as pastor of that church. His father was one of Dr. Leon Sullivan's proteges and created the opportunities and the centers and just did a great work. He emulated the life of Christ, where he was letting his light so shine by his good works so that hopefully they are now emulated in Heaven where his father has preceded him to.

Review Sanders was called to pastor the Mount Vernon Missionary Baptist Church after his father departed on for greater things, and that was to sit around the throne. But Reverend Sanders has been engaged in community work a long time. He is not confining his message to a Sunday morning sermon. He is working in the vineyard, and he has been dealing in a very effective way with those who find themselves addicted to drugs, and he has successfully, in a very positive way, even before I heard of faith-based support from the Government, Reverend Sanders has been working in the vineyard in a very positive way, assisting people who find themselves confronted with the devil some oftentimes call "drugs."

It is my esteemed pleasure to be able to be here for a moment with him this morning to welcome him to the Nation's Capital and know that the Nation's Capital will never be the same once Dr. Sanders has left his very important message here before this committee.

Thank you again, Mr. Chairman.

Let me close by saying that I had the privilege of visiting Representative Cummings District and the Johns Hopkins Hospital before I heard of faith-based, and they have a system there, treatment on demand, which works its way in a very positive way, and I just wanted to add those accolades to Congressman Cummings for allowing us to come and see what does work in terms of drug addiction.

Thank you so very much, Mr. Chairman. I appreciate your letting me sit up here with the big boys and welcome Reverend Sanders and the other panelists that are here.

Mr. DAVIS OF ILLINOIS. Did you lure him back or did you steal him from Chicago?

Ms. CARSON. No comment. That would violate Scripture about stealing.

Mr. SOUDER. I thank you all for your statements.

Before proceeding further, I would like to take care of a couple of procedural matters.

First, I would ask unanimous consent that all Members have 5 legislative days to submit written statements, including the one that earlier came from Congressman Cummings he wanted to insert, and questions for the hearing record, and that any answers to written questions provided by the witnesses also be included in the record.

Without objection, so ordered.

Second, I ask unanimous consent that all exhibits, documents, and other materials referred to by Members and the witnesses may be included in the hearing record, and that all Members be permitted to revise and extend their remarks.

Without objection, it is so ordered.

As an oversight committee, it is our standard practice to ask all our witnesses to testify under oath, so if the witnesses will now rise, raise your right hands, I'll administer the oath.

[Witnesses sworn.]

Mr. SOUDER. Let the record show that the witnesses have all answered in the affirmative.

I will now recognize the witnesses for their opening statements, and I would like to thank all of you again for being here today. We will ask our witnesses to limit their opening statements to 5 minutes. We'll include any further remarks you have and any fuller statements in the record, and then give you additional time after the questioning.

We start today with Mr. Castellani, and you have an opening statement.

STATEMENTS OF JOHN CASTELLANI, EXECUTIVE DIRECTOR, TEEN CHALLENGE INTERNATIONAL; RON FREDERICK, GRADUATE, TEEN CHALLENGE INTERNATIONAL; PASTOR ROOSEVELT SANDERS, MISSION BAPTIST CHURCH, INDIANAPOLIS, IN; SARA TROLLINGER, PRESIDENT AND FOUNDER, HOUSE OF HOPE, ORLANDO, FL; AND REVEREND HORACE SMITH, GROUP MINISTRIES BALTIMORE, INC., BALTIMORE, MD

Mr. CASTELLANI. Congressman Souder and committee, thank you for the privilege of being here to share in the ministry of teen challenge and its outreach that has taken place for over 40-plus years. I'd just like to read a few statements that I have written.

Our mission statement is to provide youth, adults, and families with an effective and comprehensive faith-based solution to life-controlling drug and alcohol addiction.

Our history goes back to 1958. Teen Challenge International began fighting addiction in the gang-infested streets of Brooklyn, NY, and our founder at that time, who is no longer a part of Teen Challenge, but the founder at that time was David Wilkerson. Today, Teen Challenge International has 150 centers throughout the United States and 185 centers in 65 different countries around the world.

Our scope—because the present drug epidemic affects all segments of society, Teen Challenge reaches out to people from all backgrounds, especially the urban poor, women, and ethnic minorities. In addition to providing acute care, 1-year residency program—and, by the way, this is basically—Teen Challenge is, for the most part, a 1-year residency program for desperate cases. Teen Challenge also offers a wide range of outpatient and prevention services.

On Sunday morning we are probably in 150-plus churches on any given Sunday doing a prevention program in a Sunday School class, the auditorium, or wherever it may be. And then we also are in many other schools throughout the week.

Such a holistic approach to treating drug addiction, educational programs for children, this is another program that we are developing in the inner cities, specifically, and this is tutorial programs for after-school children and helping them with their basic needs in these areas.

Another significant service is aimed at particular needs—leadership and staff and volunteers. Teen Challenge utilizes a decentralized approach. Every center is autonomous. That encourages the treatment and rehabilitation centers to tailor programs to the needs of their local area.

And I want to add here that we have our own accreditation system that we use within the ministry of Teen Challenge, and that is an 80-point system. Some of the States—at least one State—has adopted our 80 points and allowed us to operate under their State rulings. Right now we have given our 80-point structure to the Office of ONDCP, who is looking at it and critiquing it and seeing how we may fit into various areas of their thinking, as well.

In support of this approach, Teen Challenge International provides leadership training. We have support systems within our system where we not only help them with their drug addiction, but if an individual comes to us and does not have their GED or a high school diploma, we work feverishly to get this accomplished.

I'm happy to report that at the one center that I have been privileged to be the director of for 13 years in Pennsylvania, if a person comes to us with a fifth-grade reading level, within 6 to 8 months we can graduate him with his complete GED, and right now we have better than a 90 percent graduation ratio of those who have this need, and we are very grateful for this, because we feel it is not only good to help an individual better their life and change their lifestyle, but we need to better prepare them so they can go forth and make a healthy living in their field of service.

We also have contact with one particular vo-tech college in the State of Pennsylvania, Stevens Vo-Tech College in Lancaster County, where many of our graduates go there for a 2-year education in vo-tech, and I was privileged to be there just a couple weeks ago and see three of our students graduate.

We have systems of support and we have a definite financial accountability. We feel this is very important to running any ministry, program, or whatever it may be. The majority of operating funds is raised by the Teen Challenge centers from churches, community organizations, and businesses, and individual people in their areas. Thousands of volunteers, largely from local churches, contribute valuable time and skills, thus making it possible for Teen Challenge centers to operate with an extremely low overhead, for which we are grateful because we are a faith-based program from beginning until this present day, and probably will always be faith-based. Wherever funds come from, one must have faith to initiate the work God has called them to.

I want to thank you for that privilege of being here today, just sharing what we feel is a good program, along with many other good programs that are across our Nation helping those in need. Thank you.

[The prepared statement of Mr. Castellani follows:]

TEEN CHALLENGE INTERNATIONAL
Summary Overview
Rev. John Castellani, Executive Director
May 22, 2001

Mission

To provide youth, adults and families with an effective and comprehensive faith-based solution to life-controlling drug and alcohol addiction.

History

In 1958, Teen Challenge International began fighting addiction in the gang-infested streets of Brooklyn, New York. The Founder, David Wilkerson, had such remarkable success with his faith-based approach that a best-selling book and movie were released entitled "The Cross and the Switchblade."

Today, Teen Challenge International has 150 centers in the United States and another 185 centers in 65 different countries.

Scope

Because the present drug epidemic affects all segments of society, Teen Challenge reaches out to people from all backgrounds especially the urban poor, women and ethnic minorities.

In addition to providing acute care (one year residency program) for the most desperate cases, Teen Challenge also offers a wide range of out-patient and prevention services, such as holistic approaches to treating drug addiction, educational programs for children, and other significant services aimed at particular needs.

Leadership, Staff and Volunteers

Teen Challenge utilizes a decentralized approach--every center is autonomous--that encourages the treatment and rehabilitation centers to tailor programs to the needs of their local area.

In support of this approach, Teen Challenge International provides leadership training, systems support and financial accountability. The majority of operating funds is raised by the local Teen Challenge centers from churches, community organizations and businesses, and individual people in their area.

Thousands of volunteers, largely from local churches, contribute valuable time and skills, thus making it possible for Teen Challenge centers to operate with extremely low overhead.

Mr. SOUDER. We may have this in our system, but if you could give us the most updated list of where the 150 centers are in the United States, and also the 185 in the 65 countries, and also the 80-point system.

Mr. CASTELLANI. I can get that to you. Yes.

Mr. SOUDER. Thank you.

Mr. CASTELLANI. I don't have it with me——

Mr. SOUDER. That's fine.

Mr. CASTELLANI [continuing]. But I can get it to you.

Mr. SOUDER. That's fine. We have a number of days so we can have it in the record, and also for our files.

Mr. CASTELLANI. Thank you.

Mr. SOUDER. We are now joined by Ron Frederick, a graduate from Teen Challenge International.

Mr. FREDERICK. Well, as you can see, I'm not a teenager. It's a couple of years off, but that's OK.

I never dreamed in my wildest dreams that I'd ever be sitting here addressing a subcommittee. I'm extremely honored, Mr. Chairman and Mr. Cummings and Mr. Davis, to be here, and I am extremely nervous, so bear with me.

I graduated Teen Challenge in September 1991, and since then my life has really took—well, it just took off. I was originally from Brooklyn, NY. That's where my addiction was. I spent most of my life in Brooklyn on drugs, 25 years of it. The last 5 I spent homeless, living in the streets of Brooklyn. I would collect cans and bottles and scrap metal to supply myself with drugs.

And I had been through many other programs, not to name them, but I had been through many other programs, short-term programs, some long-term programs, and none of them seemed to have any effect.

My family were all raised in church. We were all spiritual. And I knew in my heart where I needed—what I needed to do, but I didn't want to go that way because I knew I had to give up too much. I had nothing to give up, but I just didn't want to go that route.

One day I went to my sister's house, who was my baby sister, and I was hungry, and I asked if I could get something to eat, and she said yes, but I'd have to wait across the street, so I said, "Sure, why not.“ So I crossed the street, and a few minutes later she comes out with a plate of food and she walks out her gate and sits the plate on the curb, and she turns around and walks inside. This is my baby sister, whom I love dearly, and here she is so ashamed of me that she didn't want anyone to even know that she knew me.

When I walked across the street and the memories that flooded my mind was overwhelming at the time. All I could think about was how my life used to be.

But I picked up the food and I began to eat it and I cried and my tears were basically seasoning the food, and when I finished I looked around at my sister's house, and she was also sitting in the window crying, looking at me. That is when I knew that I needed help. That is when I knew that I needed to go back to my spiritual roots.

So I entered a program called "Teen Challenge." It has been almost 10 years now. In September it will be 10 years that I graduated. Since then, I have lost three members of my family. Well, I didn't lose them. All of them were saved by the grace of God, so I know where they are, but they died. All of them were my running mates in drugs. I lost one last year in October, one in November, and one in December, and it was really a hard time to deal with, and I asked God many times why didn't he take me also, but I guess he has work for me to do.

But since graduating Teen Challenge in 1991, in 1993 I met a wonderful young lady. Her name was John-Ann, and we were married in 1994. In 1995 we adopted my son. His name is James. It is amazing to think of that—that I was able to adopt a son—I mean, me, a homeless bum from Brooklyn, actually adopting a child. That blew my mind right there.

And since then I have been promoted to industrial supervisor at Teen Challenge. I run all the industrial shops, and it is a challenging job. Teen Challenge has sent me to school. I attend Reading Area Community College, studying for my associate's degree in business management. I am also taking a home study course called "Berean," which is theological studies. I'm taking that, also.

I don't think that I would have been able to accomplish any of these things if it had not been for the grace of God, and for the fact that I did return to my spiritual roots where I belong.

I am extremely prejudiced toward faith-based ministries. I know that they work. I am a living testimony as to the proof that they work. Many of my brothers—two of my brothers behind me, they also went through Teen Challenge. I have two sisters that also went through Teen Challenge and one nephew. I was the beginning, and God not only saved me but he saved the rest of my family that was strung out on drugs through this program, Teen Challenge.

I thank God for giving me a chance to come here and testify before you. It is an honor and a privilege. I just thank you and I appreciate it.

Mr. SOUDER. Thank you very much. You can certainly thank God for giving you the power to speak from the heart this morning, because it is people like you who have overcome these struggles that can motivate and move many of us to understand the difficulties. I appreciate your taking the time to come and the courage to speak and the eloquence with which you spoke. God, again, came to your assistance.

Whatever your background is, you certainly hit our hearts. Thank you very much.

Pastor Sanders, it is a great honor to have you here. I'm glad you could make it in.

He battled through all kinds of storms. I don't know whether the Devil was trying to hold you up or it was just bad weather, but, anyway, we got you here this morning and we appreciate and look forward to your testimony.

Reverend SANDERS. I thank you, Chairman Souder, and to the other distinguished members of this subcommittee, as well.

I believe that in every era the church of the living God has a responsibility to prayerfully contemplate the times in which we live, carefully scrutinize the neighborhoods where we are located to identify the pressing needs and perils of the hour and then develop and implement programs that will address those critical problems.

As a street man redeemed, when I assumed the pastorate of the church that my late father pastored for nearly 30 years, it didn't take long for me to realize that one of the crucial dilemmas facing the Hallville community was substance abuse. My understanding of this problem is not theoretical, it's experiential. I know from personal experience what it is like to want to be drug-free while others are convinced that you are not trying hard enough. I know what it is like to wear long-sleeved shirts in 90-degree weather because you're ashamed of the tracks on your arms. I know what it is like to work 40 hours and get a paycheck and watch it all go up in smoke in less than 4 hours. I know what it is like to observe, admire, and at the same time envy clean and sober people as they move to and fro in the crossroads of human commerce while you're wishing that you could be one of them. I know what it is like to be in desperate need of help and can't get it when you want it.

Gradually, I began to realize that members of our congregation were either dependent on drugs or depressed because some of their family members were. Driven by a sense of urgency, I developed an alcohol and substance abuse support group within the church and then God began placing individuals and institutions in our lives who were willing to help us in our efforts to assist others. That reinforced my conviction that when you commit yourself to doing something great for God as it relates to helping less-fortunate people, he provides the manpower, the money, and the resources.

In February 1998, after we had been assisted by Fairbanks Alcohol and Drug Abuse Treatment Center, they came in and they helped us to train people by conducting seminars and workshops. They trained recovering members in our congregation and others who wanted to be a part of the solution.

In February 1998 we opened the doors and began the opening phase of the Mount Vernon Alcohol and Drug Relapse Prevention Center in a neighborhood building purchased by the church and rehabilitated with funding that we accessed through former Mayor Steve Goldsmith's front porch alliance program—a program that brought together government and faith-based organizations with a common agenda to help to alleviate some of the suffering and pain in our community.

We realized that it was senseless to restore and revitalize buildings without rebuilding the lives of the people who live in those neighborhoods.

Everyone can't afford to go to a treatment center comparable to the Betty Ford Clinic. Just as rich, famous, powerful, and influential people need help with this disease, the poor and indigent, the obscure and powerless need help, also.

Necessity and a keen sense of our Christian as well as our American duty compelled us to get involved. You don't have to be a nuclear physicist to understand that drugs are an epidemic in America, and it is becoming more and more contagious.

Drugs are not just my problem. Drugs are not simply this panel's problem. It is America's problem. And we understand that many people who achieve sobriety don't have the social and attitudinal skills to remain drug free. We may not be able to stop the stem of drugs, the flow of drugs into America, but we can help people by providing them with the skills necessary to remain drug free and helping them to realize that it takes courage to face life and all of its dilemmas with a sober mind.

When I was still using drugs, one morning or one evening I was awakened from a drug-induced stupor and I heard a program, a documentary, and it featured a man by the name of Mortimer Adler. I've come to realize since that we all have the capacity to commit to memory those things which are pertinent to our existence. And I heard Mortimer Adler state that in a truly democratic society the people do for the people what the people cannot do for themselves.

Chairman Souder and this committee, I want to thank you for giving me an opportunity to speak on behalf of the scores and scores of our fellow Americans who are not asking for a handout, simply a hand up from their Government by the people and for the people.

Thank you.

Mr. SOUDER. Thank you very much, and for your work.

[The prepared statement of Reverend Sanders follows:]

Government Reform Committee on Criminal Justice, Drug Policy and Human Resources

Effectiveness of Faith-Based Drug Treatment Program

May 23, 2001

Presented by:

Rev Roosevelt James Sanders, Pastor
Mount Vernon Community Missionary Baptist Church

Since the beginning, most nations, including the United States have always found the Church or Spiritual awareness to be an effective way to manage most of life's difficulties. It was during slavery that our African spirituality gave us the courage to endure in the face of constant dehumanization, it was during the Holocaust that the Jewish people depended on God, it was during Apartheid in South Africa that oppressed men, women and children found themselves jailed and prosecuted relying on faith to set them free. In every era, the church of the living God has a responsibility to consider the times in which we live, examine the surrounding community we are located in and analyze the pressing perils of the hour. Based on those needs assessments, it should develop and implement programs that will address those critical problems.

Twenty-seven years ago my constant and futile search for my true self took me from Indianapolis back to Chicago where I grew up. There I struggled, stumbled and faltered until I became sick and tired of being sick and tired. Through prayer and faith, God finally delivered me. After accepting the higher calling on my life, I pastored in Chicago for five years and Gary, IN for two years. When my father passed, I relocated to Indianapolis in November 1989 to assume the role as Pastor of the Mount Vernon Community Missionary Baptist Church- the church my father, the late great Reverend Mozell Sanders pastored for nearly 30 years.

I am a street man redeemed; so it didn't take me long to realized that one of the most critical dilemmas facing the Haughville community was the sale and the use of drugs. My understanding of this problem is not theoretical; it is experiential. I know what it is like to want to be free while others are convinced you're not trying hard enough. I know what it is like to wear long sleeves shirts in 90-degree weather because you are ashamed of the tracks on your arms. I know what it is like to watch, admire and envy sober people moving to and fro in the crossroads of human commerce, enjoying their lives and yearning and wishing I could be one of them.

It wasn't long before the need to tackle these demons became transparently clear in our own congregation as more and more individuals acknowledged they or some of

their family members were victims of the horrors of substance abuse. So many families were in crisis that we soon developed an alcohol and drug abuse support group.

God routinely placed people and institutions in our lives to help assist others. One of those entities was the Fairbanks Alcohol and Drug Treatment Center. Some members of their staff came to the Church to conduct seminars and workshops to educate those who were interested in learning how to help addicts and other church members interested in working with the treatment center I was determined to someday established.

I firmly believe that once you commit yourself to doing something great for God, he will provide the muscle, manpower, money and resources needed.

On February 21, 1998 we opened the doors and began the first phase of the Mount Vernon Alcohol and Drug Relapse Prevention Center in a neighborhood building purchased by the Church and rehabilitated with funding *provided through the Office of the Mayor and the City of Indianapolis (Mayor Goldsmith).* This drug relapse prevention center was established just one block away from the corner where I used to purchase my poison.

Everyone can't afford to go to a treatment facility comparable to the Betty Ford Clinic. But just like the rich, famous, powerful and influential need help with this disease, the poor and indigent, the powerless and the unknown also need help. *Necessity compelled us to get involved because drugs are not "my problem" or "your" problem. Drugs are America's problem.* You don't have to be a nuclear physicist to understand that we have an epidemic on our hand and it is contagious. Perhaps we can't stop the supply of drugs in America, but we can diminish the demand. We can do that by helping people to get clean and provide them with the tools necessary to remain substance free.

A lot of people who achieve sobriety don't have social and attitudinal skills to remain sober. Our goal is to help people realize it takes courage to face life and all of its dilemmas with a sober mind.

We are committed to waging war on addiction because America has spent millions of dollars waging an unsuccessful war on drugs.

This treatment center represents "*hope in the hood*". This center is located in a neighborhood that is undergoing restoration and revitalization. We understand that it is senseless to renovate buildings without rebuilding the lives of the residents. Since the inception of our program, which began in the Church, we have helped numerous people to get in treatment facilities and our weekly support group and Twelve (12) Step Program meetings encourage approximately 100 people to stay clean and sober.

I wholeheartedly agree with the man I once heard referred to as the modern day Aristotle, Mortime Adler said, "In a truly democratic society, the people do for the people what the people cannot do for themselves".

I thank you for allowing me to speak to you on behalf of the scores of individuals who are not looking for a hand out, simply a hand up from their government by the people and for the people.

Mr. SOUDER. I'm going to have Congressman Mica introduce our next witness.

Mr. MICA. Thank you.

Mr. Chairman and members of the subcommittee, I am pleased and delighted today to introduce to the subcommittee, also to Members of Congress and guests assembled Sara Trollinger. Sara Trollinger is the founder and president of the House of Hope. It is not located in my District, but in the general area that I've had the honor to serve both in the legislature and now in Congress.

Some of us may or may not believe in angels, but if there is such a thing as an angel that has come down to Earth it is certainly Sara Trollinger who qualifies. She is the founder and really the inspiration behind House of Hope, which started, I believe, back in the mid-1980's. And they took in the most difficult at that time young ladies who had been subject of the most horrible types of abuse, physical and sexual, and also victims of drug abuse. That's one of the most incredible records.

Her work has been recognized by President Reagan, who visited there when he was President, and also even made a personal financial contribution toward the program, because he was so inspired by the work, and many others have recognized this model that Sara has created, which has been replicated beyond our local region and now includes not only young women but young men.

I have often heard the stories of the young people who were addicted to crack and heroin and subject to, again, horrible abuse and just left by the wayside in our society, and she truly has been an angel to pick them up.

I thank you for those comments. I didn't have an opening statement. I thank you for also holding this hearing today and thank you for the opportunity to introduce someone very special to me, Sara Trollinger with the House of Hope from central Florida.

Mr. SOUDER. Thank you.

Ms. TROLLINGER. Thank you, Congressman Mica.

I am honored and blessed to be here today with all of you distinguished Congressmen and invited guests.

I taught public school for 30 years in the Orange County schools, and with a master's degree, working with disturbed teenagers. I taught behind bars in juvenile detention center, so I had first-hand information on the limited success of secular programs.

Teaching troubled teens was like a revolving door. The same ones would come and go without any lasting help because we weren't allowed to mention Jesus Christ and teach Christian principles.

Sixteen years ago, after years of frustration, I founded House of Hope for hurting teenagers, with five of us praying and $200. God impressed me that if the heart wasn't changed and healed and if the parents were not an integral part of the program, we would not see lasting results of families being healed and restored.

We are dealing with desperate teens, ages 13 to 18, from every socioeconomic level who have all been looking for love in all the wrong places. Many have been in as many as seven secular programs when they come to us, where they go and dry out or detox, yet they are left with an empty shell and soon that void is filled again with drugs and alcohol, violence, and a multitude of other addictive behaviors, but that's where House of Hope steps in. We fill that empty shell with love and education and discipline and trust. We work from the inside out building character and teaching values. We are a holistic program that treats the whole person—body, mind, and spirit.

The effectiveness of House of Hope's faith-based drug treatment program is seen when we evaluate the advantages, which the big one is the whole family is involved. Our program is—we accept any race, creed, or color. We are free to teach principles that are based on the Bible, that build character and develop their identity so they can fulfill their destiny.

As he said, President Reagan visited us in 1990. He had read an article about us in 1985 when we first started, and that's when he sent the first check. Anyway, when he came he said, "There needs to be a House of Hope in every major city across the Nation, because Government programs do not work."

Most secular treatments last 21 to 90 days, but House of Hope is a residential program and lasts from 8 months to a year-and-a-half, depending on the seriousness.

No teenager, no matter how serious a drug problem, has ever suffered without withdrawals, but through love and counseling and prayer they go off drugs cold turkey, without exception.

We have a 95 percent success rate of restoring these teenagers back home to their families. We provide individualized education at Hope Academy, which is our school program on campus, and most all the teenagers that come are scholastically behind because of truancy, and most of them are dropouts, but our well-equipped and trained teachers are dedicated to helping the teens succeed, and in a short time they catch up and even exceed their grade level.

Our counselors, professional and pastoral counselors, teach them how to make positive choices, how to deal with bad attitudes, inappropriate behavior, hurts from the past, and they understand that forgiveness is the big key to their recovery.

In House of Hope the whole family is involved. Parents are equipped through one-on-one counseling and a mandatory weekly parenting class to prepare them for successful restoration.

House of Hope is fulfilling the last verse of the Old Testament—turning the hearts of the fathers and mothers to the children and the hearts of the children back to the fathers and mothers, less there be a curse on our land. House of Hope is stopping curses. House of Hope Orlando is a national model for training seminars across the Nation. Twenty-seven programs have patterned after us.

After graduation, our teens are held accountable through counseling, after-care programs, and annual reunions. Many of our past graduates are currently on staff.

Our challenge is to mold our teenagers into solid citizens and our leaders of tomorrow, so our challenge is to help all these teens who have suffered these severe problems, who have been involved in abuse and all kinds of drugs, and even in the occult. And most of them have even tried to end their life through suicide.

But we are an integral part of President Bush's army of compassion, strengthening families and rescuing our Nation's youth with unmatched success.

The most powerful part of my presentation are the randomly selected testimonies that are included in your packet that I don't have time to read those right now, but I want to say that the streets and institutions don't tuck them in at night, but we do at House of Hope.

House of Hope is a model. We have the answers. We are effective. We make a difference. And we cause lasting change.

Thank you so much.

Mr. SOUDER. Thank you.

[The prepared statement of Ms. Trollinger follows:]

HOPE
A HOME FOR HURTING TEENAGERS
SARA E. TROLLINGER, FOUNDER & PRESIDENT

Government Reform Committee
Subcommittee on Criminal Justice, Drug Policy
and Human Resources
Effectiveness of Faith Based Drug Treatment Programs
Wednesday, May 23, 2001

Presented by: Sara E. Trollinger
Founder & President: House of Hope, Orlando, Florida

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Faith-Based Drug Treatment Program
as Written by Sara

My name is Sara Trollinger, I am the Founder & President of House of Hope, Orlando, Florida. I am honored and blessed to be included here today, with distinguished congressmen and guests.

I taught public school for 30 years. I have a Master's Degree working with disturbed teenagers. I taught behind bars in a juvenile detention center, so I have first hand information on the limited success of secular programs. Teaching these troubled teens was like a revolving door: the same ones came and went without lasting help, because we were not permitted to teach character principles, based on God's Word.

Sixteen years ago, after those years of frustration I felt led to found the faith-based ministry called "House of Hope". We began with five people praying and $200.00. Since then we have seen miracles every day.

God impressed me that if the heart wasn't changed and healed, and if the parents were not an integral part of the program, we would not see lasting results of entire families being healed, reconciled and restored.

We are dealing with desperate people from every socioeconomic level, who have been looking for love in all the wrong places. Most have been in as many as seven secular programs where they could dry out, or detox, yet left with an empty shell. Soon that void was again filled with drugs, alcohol, sex, violence and a multitude of addictive behaviors.

That is where House of Hope steps in. We fill that empty shell

with love, education, discipline and trust. We work from the inside out ... building character and teaching values.

We are a holistic program that treats the spirit, the soul and the body. The spirit includes faith, the soul includes emotions and character training, and the body includes physical activities.

The effectiveness of House of Hope's faith based drug treatment program is seen when we evaluate THE ADVANTAGES: We are non-denominational. We accept any race, color or creed. We are free to teach principles based on the Bible which builds character, which helps develop their identity so they can fulfill their destiny.

President Reagan found out about House of Hope in 1985, and sent us his personal check for $1,000. In 1990 he visited with us and received our first Humanitarian Award. He said: "House of Hope is unabashedly a Christian organization, and there needs to be a House of Hope in every major city across our nation. Government programs do not work".

Most secular treatment centers are for only 30 to 90 days - House of Hope is a residential program for 8 to 19 months, depending upon the seriousness of the individual issues.

No teenager, no matter how serious the drug problem, has ever suffered with delirium tremors after coming into our program. Through love, counseling ... and prayer, they go off drugs "cold turkey".

At House of Hope the teens and their parents learn God has a purpose for their lives. We work from the inside out. Because of unconditional love, they learn to love themselves and to understand that they are loved by God and are part of His greater plan.

SUCCESSES: We, at House of Hope, are pleased, and blessed, to be able to say that we maintain a 95% success rate of restoring hurting teens back to their families.

House of Hope provides an individualized educational program in an atmosphere of encouragement and moral structure. Most teens we see are behind scholastically because of recurring truancy, and many have completely dropped out of school. Our well-equipped and trained staff of God-fearing teachers and counselors have a heart for helping the hurting. Through daily demonstrations of unconditional love they are able to motivate our teens, and in a short time they are able to catch up, and even exceed their academic level.

In counseling, healing takes place in an environment of Christian love and relationships. House of Hope teaches positive choices. We teach the boys and girls how to deal with bad attitudes, inappropriate behavior and how to deal with hurts from the past (which is the root of their problem). They understand that forgiveness is a big key to their recovery.

House of Hope is a community where the whole family is involved. Parents are being equipped through one-on-one counseling and a weekly Parenting Class to prepare them for successful restoration of the family unity upon their teen's graduation. House of Hope is dedicated to fulfill the last verse in the Old Testament: "Turning the hearts of the fathers (and mothers) to the children and children to the fathers (and mothers) lest there be a curse on the land."

House of Hope, Orlando is a National model for training seminars. We have now been duplicated in 27 areas across the Nation.

After graduation we continue to hold our teens accountable through counseling, after care programs and annual reunions. Many of our past graduates are currently on staff.

CHALLENGES: The number 1 problem across America in our hurting teens and their families. This is a curse eating away at the very roots of our society.

At House of Hope we take in teens who have suffered severe spiritual, physical and emotional abuse. We take in teens who can't remember the last time they got through the day without getting high from drugs or alcohol, teens who are just one wrong step away from a prison term. We take in teen girls who have been "date raped" or who have been the objects of sexual gratification. We take in teens who are rebellious to authority figures, who have been in gangs, sold drugs, and even involved in occult practices. Most have tried to end their suffering through suicide. In short, we take in what society calls "throwaways".

We need more counselors for our residential program, we need more money to expand, we need an after school program for the neighborhoods, a positive recreational, drug free "Light" club to serve the Central Florida Community, an alternative to the rave clubs, a place where teenagers can fellowship and have fun in a clean, well-supervised atmosphere.

In most faith-based programs there are three basic needs: Faith, money to operate and the staff to make it work.

We have a whole generation of young people whose lives have to be saved. Faith in God is the ingredient in teens and parents that allows them to feel self-worth, to bring self-respect and a sense of order, value and meaning to their lives. House of Hope has the answers!

We are an integral part of President Bush's army of compassion, strengthening families and rescuing our nation's youth with unmatched success.

Streets and institutions don't tuck them in at night ... but we do at House of Hope!

The most powerful part of my presentation are the randomly selected testimonies of teens (past and present) who have been through the program at House of Hope.

House of Hope is a model; we are EFFECTIVE ... we make a DIFFERENCE ... we cause CHANGE!!

HOUSE OF HOPE

A HOME FOR HURTING TEENAGERS
SARA E. TROLLINGER, FOUNDER & PRESIDENT

What current residents of House of Hope have to say:

- **Danny – Age 14:** "There is more love here…it's what I needed. I feel accepted. It gives you the motivation to change. In other programs the staff fought, they were too permissive."
- **Larry – Age 16:** "I went to a 30 – 90 day program. You could go to your own school. I could get drugs anytime. It didn't do anything to help me change. My mom found House of Hope on the Internet and now my life has changed."
- **Kevin – Age 16:** "My probation supervisor told me about House of Hope. Secular programs are based on punishment rather than fixing the problem. House of Hope gave me a new start. I got the encouragement I need to believe in myself."
- **Kyle – Age 17:** "Another faith-based program I was in was based on punishment. They focused on the past instead of the future. I came out worse than when I went in. That is why I am at House of Hope"
- **Ryan – Age 15:** "Been in 4 secular programs. They keep going over my past rather that helping me with my future."
- **Brian – Age 16:** "I have been in several programs. The first was when I was 12 and it was all physical discipline rather than emotional help. The second was for 2 years. It was good while I was there, but when I went home I acted the same way because there was no family involvement. I went to Juvenile Detention Center 6 times in 6 months. Still no help! The staff threw kids against the wall and I got a big knot on my temple. Now I am at House of Hope. There is love here and we work on our problems. In other programs you are just serving time. At House of Hope we solve our problems before we leave and we work as a family."
- **Manny - Age 14:** " I sold drugs and was in trouble with the law. I used to take a switchblade to school, punched a teacher. Once I shot a girl with a BB gun. At House of Hope I have learned to respect people and I have been shown respect. Here I am closer to God. I have friends on a higher level who are role models."
- **Fonitra – Age 17:** "I've been in boot camps. Spent 2 ½ years in prison..we got in a fight with knives and I stabbed a child. In other programs they yell at you and lock you up. At House of Hope you are shown love and they will talk to you…they care. It is hard to grasp the fact people love me here."

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# HOUSE OF HOPE

A Home for Hurting Teenagers
Sara E. Trollinger, Founder & President

What graduates of House of Hope have to say:

- **Steve – Age 18:** "When I was 15 I went to the first drug treatment program. They yelled and cursed at me and called me names. I was put in a circle and they told me how bad a person I was. I was already down on myself..this provoked me to anger. I spent a year in another secular program. I found myself surrounded by drugs…staff smuggled in drugs and because I had some money I was able to buy it. I was on drugs in a drug rehab program! Other programs focused on external behavior, not lasting changes. In secular programs you attend AA meetings and you are around people who are still drinking. People are negative and oppressed. They treat you as a number in the system. Since I have left House of Hope, I have been off drugs and alcohol. They taught me who I am and who I am destined to be, I have a purpose."
- **Serena – Age 19:** "It's all about love…in juvenile detention you don't find love. In my life I learned to replace cocaine, rave clubs, heroin, pills, alcohol, perverted sex, anger, suicide, self-mutilation…and it is lasting….3 years later!"
- **Barbara – Age 28:** "I was in and out of secular programs. House of Hope's emphasis is on changing the whole family. The family is held accountable. It's not about getting in and out..it's the spirit of people who work at House of Hope that is different. They are there to love and care for you; it is not an impersonal atmosphere. It is a smaller environment, more accountability. The staff takes a personal interest in you and your needs."
- **Trina – Age 28:** "I feel like I have been to counseling all my life! I began at the age of 12. I was in one hospital after another. In secular programs they medicated me and I didn't deal with my issues. They drag you through your problems time and time again and never have solutions. They never dealt with my family. The counselor seemed to relish hearing the details. Programs were all about money, hourly rates..no love. House of Hope changed my life! Now I am happily married and have three children."
- **Aubrey – Age 23:** "I had a serious drug problem. I was in 5 secular programs…none were based on the Biblical principles…they treated me like I was nothing…they were verbally abusive. They forced clients to yell and scream at each other. There was no character development like at House of Hope. There I was shown love. I was told there was a future for me. My family and I were restored and now I am happily married."
- **Victoria – Age 19:** "When I went to House of Hope I was heavily into drugs. I was deeply involved in pornography. I was ready to be sold into prostitution when my mother and a police officer found me. I had tried to kill myself. I was put into House of Hope on an emergency basis and graduated the program in 8 months. I am currently on staff at Youth With A Mission in Texas."

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Government Reform Committee

Subcommittee on Criminal Justice, Drug Policy and Human Resources

Presented by: Sara E. Trollinger
Founder & President: House of Hope, Orlando, FL

In summary: Why are Faith Based treatment programs effective?

- We bring to the individual an economy of love, trust, reliability and life long relationships.
- Our commitment at House of Hope is not based on the government resources but on the needs of the individuals.
- We offer a choice of 'faith values" allowing individuals to feel self worth and inner self-confidence
- Our motives and mission of faith in God communicate a critical missing part in the lives of those served by secular programs.
- We understand that failure is not a rejection but only another experience to one reaching success.
- Our objectives of service are vocational and not occupational, leaving individuals feeling that they can count on us.
- Our humanitarian resource capabilities go far deeper and are more valuable than the secular environment.
- We represent the largest resource potential of volunteers in America
- We represent the largest private fund raising resource in America.
- We cannot do the job cheaper than the government. We can do the job more efficiently with greater supplementary resources than the government can provide.
- We are government's greatest potential resource for private supplementary income.
- We have a far greater community networking system than government, which ultimately allows for maximizing the use of both taxpayers and private financial support.
- We represent a trust within all levels of society that is not experienced within government.
- We represent what God ordained of his people in the beginning " When you have done this unto the least of these my brother, you have done it unto me."

Mr. SOUDER. If you could also provide for the record the 27 areas where you are across the Nation, we'll certainly insert in the individual testimonies and also just assume that any of the rest of you who want to insert individual testimonies or some information about your organization would be appreciated.

Reverend Smith, we are glad to have you be the cleanup speaker here.

Reverend SMITH. First of all, I would like to thank you, Chairman Souder, for inviting me, and I thank you very much for an opportunity, and I thank my Congressman, Congressman Cummings, who sits on about the fourth row on the left each and every Sunday, and it is certainly powerful to see Congressman Cummings whenever he comes to church, which is regularly. Thank you. Amen. And we do have a fine pastor, Dr. Thomas.

Myself, too, I have—for a number of years I was a substance abuser. I was a heroin addict for over 20 years of my life. I have been clean now for over 15 years. Been there. Done that. And it was a life of some bad choices, decisions. It was a devastating life, and I, too, like the pastor, can remember watching people and wondering what were they doing, you know, but now today I know what they're doing. They're taking care of their families, they are testifying, they are, you know, they're doing things that people do every day.

I got into this about 30 years ago, sitting in one of the first therapy communities in the country, which was Daytop Village, and that's where my recovery started at, so I have been in this for quite some time.

And about 3 years ago, with my wife, I visited Buffalo, NY, where we went to visit her family, and I met her first cousin, and her first cousin had a program that really excited me, and I've set up therapeutic communities all over the country and I've done a number of things, you know, in the substance abuse field, but there was something really special about this program that I knew that it had to come to Baltimore, and it was called "Group Ministries Buffalo,“ and the acronym stands for God Recognizes Our Ultimate Potential, and it was something there that I had seen that I had not seen anywhere else. I saw people really recovering and I saw people with sustaining recovery, so I knew I had to bring it to Baltimore. So about in 1997 we became incorporated and we became the first national chapter of Group Ministries Buffalo, so we're Group Ministries Baltimore.

Some of the components of the program are Group Ministries has an empowerment program. That's our substance abuse program. Our substance abuse program is an intensive 18-month—6 months to 18 month—program, and at this presently we are doing it outpatient.

The other portion of it is that we have what we call "harm reduction," and that's our HIV and AIDS prevention, and we did receive two grants from the CDC where we are doing HIV and AIDS prevention in the faith-based community, as well as community associations and businesses.

We also have a teen program which we call "TAG," and it's a teen awareness program, and there we deal with issues that are confronting teenagers today, and we do it in discussion groups as well as field trips.

And then we have what we call the "prison ministry," and it is a mentoring ministry. Right now we are in the process of developing a choir, and it's called "Corrected Life Choir," and these are young men who have come out of the institutions and they've decided that they want to develop a choir.

Probably one of the most—the program that I'm most excited about is our FEDCO—it's Feed, Educate, and Direct the Community Oppressed—and that's our pantry. And the pantry serves as—to supply food for individuals, say, for about 3 days that—in between check day or money spent or what have you, but what it affords us to do is to really get—it's kind of like a hook, and once someone is coming in a number of times then we realize that there are some things going on within this family.

And what makes Group Ministries different, the Group Ministries is a community program. It is a program and it is housed where I grew up at, you know, so everybody knows when they see me that there can be a change, so it's right in the community where I grew up. I know everybody there. Everybody knows me. I know the ins and outs of the community. And that's what helps us to be effective.

What I most—and I guess I'm going to get to the crux of it here, and the crux of it here would be the accreditation. Group Ministries is in the process of being accredited, because I feel that accreditation is very, very important to prove what you do, you know, without a shadow of a doubt, but not only in terms of the faith-based side of it, but I also believe in that we need to have full accreditation, so we are in the process of being accredited through the State of Maryland, because I believe that it works hand in hand. I think that people would fall through the cracks, you know, if they don't have the proper assessment, evaluation, and, you know, a plan can be put in place for them.

My time is up. I probably do better with questions. Thank you.

Mr. SOUDER. If you want to finish your statement, you can go ahead and finish your statement.

Reverend SMITH. OK. And I will—our brochure, I'll make sure that you get that.

Mr. CUMMINGS. Mr. Chairman, I don't know whether—did you hear him say if you had anything else you wanted to say you can continue, because everybody else ran on. We just want to be fair to you.

Reverend SMITH. Well, I'd just like to read this.

What accreditation offers is that it raises the quality of service of the organization. It proves a standard of providing effective social services in the area of evaluation and analyzing, meeting the physical, mental health, and spiritual needs of the client, and brings a variety of treatment modes to the program. It opens up in available training in the medical, mental health, and spiritual models of treatment.

What I'm saying is that it incorporates it all, you know, because, you know, faith-based, faith has its part, as well as the behavioral sciences has its part, and within the behavioral scientist community we can prove that it happens. A lot of times in the faith-based community and myself, you know, as a reverend, you know, a lot of times we can't prove it. We see the evidence of it. But I think that it needs to be a marriage in terms of being able to treat the whole person, because there's issues of individuals that walk into our agency that I realize and know that are far beyond the realm or the scope that I can address. That's why we have the collaborative, you know, within—as a component of our program, because it is needed. There's no way that you can just do the faith-based thing. You have to have a marriage between what I call "facts" and "truth." You know, the truth of it is that I may be sick, but God is a healer. So there's a marriage there. But we must have the facts and we must have the hard data also with the facts.

Thank you.

Mr. SOUDER. Thank you very much.

[The prepared statement of Reverend Smith follows:]

WRITTEN TESTIMONY

OF

REV. HORACE R. SMITH

PRESIDENT & CEO, GROUP MINISTRIES BALTIMORE
"GOD RECOGNIZES OUR ULTIMATE POTENTIAL"

To the United States House of Representatives

Committee on Government Reform's

Subcommittee on Criminal Justice, Drug Policy, and Human Resources

May 23, 2001

Congressman Souder, distinguished members of the Committee, I thank you for the opportunity and the privilege to come before you to discuss the issues surrounding the expansion of government support of faith-based and community initiatives from the aspect of the "Role of Community and Faith-Based Organizations in Providing Effective Social Services."

The experience that I bring to the table, which allows me to speak on this issue, is that I have dealt with substance abuse, in one form or another, for over 30 years. I was a personal substance abuser of heroine and other drugs for approximately 20 years of my adult life. Gratefully, I have been clean for 15 years. A major part of the success of my recovery, and anyone else's for that matter, is to give back. I work in this field, not only as a part of my continued recovery, but also to reinforce and share what I have personally learned.

My early experiences in this field were with setting-up therapeutic communities and outreach centers. These were alternative methods of treating addiction that were federally and state funded. They were not spiritually based treatment programs, but rather based upon behavioral modification and psychological models. In October 1997, I began the journey to open my own outreach center because I believe that the experiences I acquired over the years could be put into a concentrated, comprehensive program to help others and assist substance abusers to turn their lives around and become productive citizens of the community. I can use myself as a model because since becoming clean, I became an Associate Minister of The New Psalmist Baptist Church in Baltimore, where the Dr. Walter S. Thomas is Pastor, married, and graduated from Morgan State University with a BA in Religious Studies.

Out of my desire to help those suffering from the devastating effects of substance abuse was birthed GROUP Ministries Baltimore. GROUP is an acronym for God Recognizes Our Ultimate Potential. We are a recognized 501(c)3 organization, operating as a grass roots organization because we are located "in the community." Our mission is to make a significant difference in the community where we are established. We teach people how to stand where they fell. GROUP is comprised of five components: Empowerment Program-a substance abuse program; FedCo (Feed, Educate, Direct, Community Oppressed)-a food pantry; HIV/AIDS-prevention and harm reduction (an educational forum); TAG-peer mentoring and awareness group; and Prison Ministry-a mentoring program for ex-offenders.

Substance abuse and drug addiction goes far beyond and much deeper than the substance that the individual is addicted to. The addiction is usually emotional and oftentimes psychological. It's actually a lifestyle. In properly treating the individual, the whole person needs healing. There should be a holistic approach incorporating the behavioral sciences, as well as the spiritual aspect. This is where the question can be raised concerning the effectiveness of the services the faith-based organization is providing. This is also one area I believe that the proposed initiative hasn't been thought through thoroughly enough and leaves some loop holes for providing ineffective social services.

In its present state, the proposed initiative seems to allow funds to be distributed to community and faith-based organizations basically because they meet the criteria that they are either community or faith-based. The criteria for distribution of funds needs to go beyond that narrow stipulation. There should be some form of standardization these organizations are held to. There's a danger that those we seek to service won't receive the level of help they actually need because there presently is not any standard of care within the faith-based community.

I'm suggesting that there needs to be some standard established within the organization for measuring and tracking those serviced. The way to do that is by being certified in alcohol/substance abuse through their state, federal, or local government (whichever is appropriate, based upon the type of service the organization is providing). I am a strong advocate for accreditation. I have chosen this path for my own organization.

What accreditation offers is that it raises the quality of service of the organization. It provides a standard for providing effective social services in the areas of evaluation and analysis, meeting the physical, mental health, and spiritual needs of the client, and brings a variety of treatment modes to the program. It opens up all available training in the medical, mental health, and spiritual models of treatment.

For the organization, accreditation most importantly provides accountability. It requires the organization to prove that it is doing what it claims to do. With accreditation, it establishes a standard for tracking clients progress, and as a result, clients are less apt to fall between the cracks. Accreditation assists the organization in meeting the goals and objectives of the program, and can be a means for showing areas needing improvement. It also creates the ability to replicate programs in other locations, because of the standardization.

Without accreditation, the question becomes: what kind of care will the client receive? Certainly the intentions of all community and faith-based organizations are good and admirable, desiring to help the "lost," but these are lives we're dealing with. People can be well-meaning, but that doesn't really amount to anything when it comes to providing the kind of help the client really needs. Certification places trained people who, by their training, have the authority to effectively evaluate, analyze, diagnose, and prescribe the appropriate treatment.

An organization that is not certified does not offer a comprehensive continuum of care and offers the client less options of treatment. It most likely has no standard established for accountability and measurement, nor to document the strengths and weaknesses of its program, limiting its ability for growth. The most disconcerting is that the people servicing individuals seldom are truly qualified to function in the areas they are operating. They have no training nor any real expertise in diagnosing symptoms, and in my experiences, have seen people operating in areas that they are unable to relate to individuals suffering from addictions. There's a real danger that, in these instances, more harm than good could be done if those other aspects of treatment aren't taken into consideration, and are actually needed.

The reasons I chose accreditation for GROUP Ministries is that I want to provide high quality service and to have a continuum of care for the individual seeking help. With certification, GROUP can offer a wider net of effective care. I believe it is important to have trained, clinical, certified counselors, mental health workers, and medical personnel, in conjunction with workers who understand the spiritual aspect, or lack thereof, in the individual with the disease of addiction. I recognize that I am not qualified in most of these areas and I believe it's important to have people in place who are.

Certification will insure that GROUP is accountable, holding it to a measurable standard, and will assist us in evaluating our organization's ability to meet the goals and objectives of the program. Accreditation offers a well-rounded, holistic approach to dealing with substance abuse. One that I believe will provide the client the level of effective social servicing that will produce a system for success.

I believe that certification is a necessary element to insure that effective social services are being provided to the client.

I again thank the Committee for allowing me time to express my views.

Mr. SOUDER. I appreciate the powerful testimony of each of you, not only today but in your personal lives, because today people are just seeing a little kind of reflection off of the mirror. In actuality, your day-to-day work and the sacrifices that you've done to reach others and what you've gone through in your personal lives and your long-time commitment speaks far more than just the 5-minutes. The 5-minutes is just a little capstone summary of your work, and we thank you most for your work and second for coming here today so that we can understand more about it and try to address a number of the questions.

I have a series of kind of technical questions that I want to go through probably in a second round, but I have a fundamental question that a number of you have alluded to, and you've suggested a number of possibilities, but I'd like to hear you develop this further.

One of the biggest problems in drug treatment—and anybody who spends any time at all in the stream and talking with addicts realizes many of them have already gone through multiple treatment programs. Reverend Sanders said it wasn't that he didn't want to change, it's that he hadn't. Ron talked about with his friends. And I'm certain they certainly at times wished they could be out of it.

Clearly, people who have gone into treatment and have come out have continued to have problems, and we often hear data that suggests that a program was successful, but usually that is for short term, not a long term. A number of you today are long term impacts.

What do you think are the key ingredients that ultimately help a person overcome their addition and change? Some of it is clearly faith. You've all talked about longer-term programs. Some of it is a combination of different approaches. Some of it is job training with it. But could you tell us a little bit about the mix, and then what you see in regular drug treatment that doesn't meet what you all met? And maybe each of you can take that, starting with Reverend Sanders.

Reverend SANDERS. Mr. Chairman, personally, I had gone through a number of treatment facilities without very much success. I relapsed again and again. And it was not until I coupled what I had absorbed from those programs with the need to be God-centered that I was able to overcome my demons. And it has been my experience, I've watched people through the years who have relapsed again and again, and I think the record reflects the fact that many programs for years and years, and I think many people are beginning to realize that over the last 35 years or so—and I think the whole notion of Government working with faith-based programs has to do with the fact that America has spent trillions of dollars over the last 30 or 35 years without much success because we have been neglecting that spiritual piece, that piece regarding the need for one to be God-centered.

There is an inner man that must be nurtured and nourished also. It just can't be ignored.

Reverend SMITH. I think I'll start my comment out with a question, and it is to the panel. If you would get on a plane tomorrow, would you like to get on the plane with a pilot that's called to be a pilot or a pilot that's trained to be a pilot? And I say that to say that to have trained individuals is crucial, you know. Over the years of my addiction, I was in and out of hospitals. I was on psych wards. And I went through a gamut of different types of modalities of treatment. But what was interesting to me is that through each one of them I was able to gather something from each one of the situational experiences that I had went through, but a lot of times what I would come out of, even with—well, with the psych wards would be that there was times of depression and that my depression was addressed. It was at times that I didn't know which way to go. And that's when the faith piece came into place.

But before I could do that I had to have the proper evaluations. I had to have that factual piece of it and I'm trying to—there had to be an intervention of the medical model, there was an intervention of the mental health piece, and I found a sustaining in the spiritual aspect of it, but it was a combination of all that was really as help to sustain my recovery to this point.

Mr. SOUDER. Ms. Trollinger.

Ms. TROLLINGER. At House of Hope we have—everybody that comes there has been through one and some as seven secular drug programs before they get there, and actually drugs are not the problem. That's not the root of the cause. There are deeper things that are causing them to reach out. They're all looking for love in all the wrong places. And when they come to House of Hope, we have a caring staff that are not drafted, they're mandated to be there. They have a heart for helping hurting people. Many of them have been through drug programs, themselves.

But I think it is the love of God that touches their hearts and the healing starts there, and when they come there they—many of them say they feel like scum buckets, because we always greet them with a hug and tell them that they're special, and later in their testimony they'll say they can't believe that because they have such a poor self-concept, and so we help them through time. And it takes time. It's not a quick fix, but sometimes as much as a 1½ to 2 years of being there, walking through their problems with them, that they literally go off drugs cold turkey, and we don't put them on a medication to help them get through that. So that's the love of God through our staff and our program.

Mr. SOUDER. Mr. Castellani.

Mr. CASTELLANI. It is obvious that we say—if we say that these people have been in other programs before they get to ours, that they said that before, so I guess that follows the train from all the way square one to where we are.

The good thing, I think when we get to where we are the truth shall set you free, and I think we confront them with the truth of life, the truth not only of the Gospel but the truth of life.

Psalm 103, verse three—I use this for my premise. We go back and forth to whether it's sin or we go back and forth to whether it's a disease, Psalm 103 says, "Who forgiveth all thine iniquities, who healeth all thy diseases." And so whether it is a sin problem, whether it is a disease problem, we know that the Gospel works, and we are firm in that area.

We also know that one of the difficulties I believe in a short-term program or a program that is strictly clinical, that these individuals need to have a challenge, and one of the challenges that Teen Challenge offers them, and that is in the work field. Because we are faith-based, because we have to support ourself by various forms of funding, one of our forms of funding is teaching them a work ethic. We have individuals who have gone through our program who are lawyers, doctors, school teachers, you name it, and they have all basically said to us when they leave, "One of the things that you taught us here is the value of work."

And I think this is a critical part. When it comes to training, licensure, I can understand that. In Pennsylvania we are a licensed program. We do the psycho-socials, we do all these individual things, but because we are a free-standing faith-based program we are still not supported in any way, and so every year my staff has to go through the same process that a clinical staff has to go through of getting CACs and all these various things, and so I'm kind of here saying today we're almost on the same level playing ground. The difference is the Jesus factor. And so—and I really am not against a form of licensing in some way; I just wouldn't want the license to be the control. I think there are some other facets in this that we need to take into account.

And again I just thank you for the opportunity to make a comment.

Mr. SOUDER. Mr. Frederick.

Mr. FREDERICK. Speaking on a personal level, as going through the program and having a problem for the majority of my life, it was a matter of choice that I made. I made a choice 1 day that I wanted to change.

A person can go through many programs, as I did before I came to Teen Challenge, and the thing that really changed my life is that I made a choice that I wanted to change.

And another factor was that I had been through many secular programs, and their idea was somewhat to change the person just basically on the outside. I needed an inside job done. That's where my problem was, on the inside. So I came to Teen Challenge and they began to allow me to see how wretched my inside was, as compared to Jesus Christ, and I began to change, and I wanted to be in the image of Christ. I wanted to do something good in society. I wanted to be a productive citizen. I wanted, like the pastor said, to—I saw other people accomplishing things and doing things. I said, "I want to do that, but I have to make a choice to change."

I know a lot of programs, what they do, they change the outside of you. It's somewhat like putting a tuxedo on a pig, and once you let him go he returns right back to the mud. See, what I needed was the inside to be changed, and I know that only Christ could do that. Nothing else could—I heard Mr. Cummings say that drug addiction is an illness. Yes, it is. But we serve a Great Physician. We don't just serve a physician, we serve the Great Physician, who can heal all illnesses. And psychological problems? Yes, he can even heal those. I had many psychological problems. Most of them were healed or dealt with because I was confronted with them, I was shown them by my counselors and other people, and it wasn't because of my neighborhood that I was on drugs or my family or my friends, it was a choice that I made. Now I had to make another choice, and that choice was to change.

Sometimes people that go through programs, they are not really ready to make that choice, and that's when it says, well, you get a lot of people that go through it not long term, but they are not making a choice. They haven't come to that point where they know they need to make a choice, and that choice in my instance was Jesus.

Mr. SOUDER. Thank you.

We've also been joined by Congressman Weldon from Florida, a doctor who I'm sure agrees with most of your statement there, as well.

Congressman Cummings, questions?

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

And to our panel, I want to try to give you a picture of what the problems are and what the concerns are.

First of all, I don't think there's anyone up here—and you do not have to convince any of us, I don't think, that faith and God plays a major role in our lives. I mean, that is—I mean, some folk don't believe, but I think everybody up here is on believe.

Some of the issues go to some of the things that Reverend Smith talked about. The problems that we see is that we've got tax dollars that are paid by every single citizen of this country, and a lot of those citizens are concerned that if we place their tax dollars into churches, they first want to know—they first want to make sure that there is going to be accountability, because they say to themselves, "Well, if I had a program and I was using tax dollars, I'd probably be audited, I would be—I want to make sure that there is clear accountability and responsibility. And I don't think that there's very many entities—I know Reverend Sanders as a pastor knows what I'm talking about, and as a lawyer I've represented many churches, and as the son of a pastor and a reverend I've said it many times that if there's one thing that can get a church divided it's money, let me tell you.

And I guess what I'm getting to is that if we have a situation where money is going—and, again, keep in mind in the United States we have Muslims, Buddhists. They're all paying taxes. And we have all kinds of religions in our country.

One of the things that they want is accountability, and another thing that they want is to make sure—and this is very crucial—that their tax dollars are not being used by religious or by faith-based organizations to discriminate on the basis of religion, on the basis of race, and that those are some of the real concerns.

It's not the issues—because I don't want us to get confused that we are all convinced that faith-based organizations are effective. That's not the issue. And I don't want us to walk out of this room, any of us or the audience, thinking that's the problem. Even the people who are adamantly against these provisions will say they don't have any problem with faith-based, as long as they are not discriminating with regard to employment, again, using their tax dollars to discriminate, and they want to—there's another thing that they're concerned about, too, and I just want to throw this out to the panel.

Some of the research has shown that a lot of times when Federal funds flow into small entities that are not equipped to handle the money, the next thing you know you've got the FBI going through your books and indictments flowing. As a lawyer I can tell you I've seen it. And that's not to scare anybody, but that's a fact. I don't know how many of you all have ever dealt with the FBI. It's not a pleasant experience.

So I guess those are the kind of concerns that the other side brings to this issue. It's not that they are against it. They want to see it. As a matter of fact, we have provisions already in the law that allow charitable choice. It just so happened that President Clinton did not push it because he felt he had concerns about the Constitutionality of it, of charitable choice—that is, being able to discriminate in employment. Say, like, you have a Baptist church, money goes in the Baptist church, and the only people you hire are Baptists. If a Catholic comes along and he wants to help with your drug treatment program, you say, "Uh-oh, uh-oh, what church do you go to?" And he says, "St. Mary's Catholic Church," then he's out. Those are the things.

And a recent poll was done where 78 percent of Americans said that they do believe that religious—I mean, that faith-based organizations do an effective job, and then when it came down—and they liked that. But when it came down to the question of, "If faith-based organizations were able to discriminate using your tax dollars, how would you feel?" They basically said—a vast majority of them said—about the same percentage said, "We don't want that. We don't want them discriminating."

So any of you may want to comment. Reverend Sanders?

Reverend SANDERS. Yes.

Mr. CUMMINGS. I know I've said several things, but you can comment on any of them.

Reverend SANDERS. OK.

Mr. CUMMINGS. Or all.

Reverend SANDERS. First of all, one of the things that, among other things, that the government in Indianapolis under Steve Goldsmith did, not only did they help us to access funding, but he had members of his staff who assisted us, gave us technical assistance, helped us to seek out grant moneys, and even helped us to understand the importance, which we already were aware of, of developing and maintaining proper records and documents and so forth, so we do that. We have a 501(c)(3) and we are in line with all of that.

And also another feature of our program, we don't discriminate. We are devoted to helping people who are in need of help. Now, clearly this is Mount Vernon's relapse prevention program. We decided to tackle it on this at this point because we didn't want to duplicate some other services that were being provided. We understand it is such huge problems. There's prevention, intervention, and relapse prevention.

But we don't discriminate on the basis of belief systems. Our lives are a testimony, and so what we do, we just encourage people to realize that you need this spiritual piece. The spiritual component has got to be addressed. We don't force our belief system on anyone.

Personally—and I don't mean to offend anyone—as far as I'm concerned, a man can call his deity Jim Shoe or Oatmeal Cookie. I'm not hung up on that, just so long as you realize that it's there.

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And this is what we emphasize. We don't discriminate on the basis of what a man chooses to believe or not to believe. We know what works for us. And I am thoroughly convinced that a man with experience is never at the mercy of a man with an argument.

Reverend SMITH. One of the things I recognized even before this argument came up, I'm an associate minister at New Summits Baptist Church, and when God gave me this ministry I realized that I was going to bring it up underneath the church, in that sense, and I realized that it had to be separate and apart, so we have a separate 501(C)(3) in terms of, you know, Group Ministries.

And Group Ministries looks at spirituality not differently, but I look at it as the relationship between whoever or whatever that you deem most important in your life. So it's not something esoterical, way out there. But, you know, when I was using drugs, my god was the drugs. So what we do is we take people from dope to hope, see, because I believe when an individual comes through those doors the ultimate goal is to get him on the spiritual path, but the thing is to meet this individual at the level of their needs, because usually when somebody comes in they are in crisis mode anyway. What they need at that point is they need good evaluation, they need to be diagnosed by trained individuals, licensed individuals who can sit down with them and help to navigate them through to the point where what I call Group Ministries is a recovery program that puts people on the spiritual path.

So we use spiritual principles, and the spiritual principles are—some of them are perseverance, tolerance, honesty, open-mindedness. And the way that we use them is that—when I was out there using drugs, if I was standing on the corner I was broke. And somebody came around the corner and said, "Hey, man, you know, a truck is open around the corner," I became very open-minded. I became very willing. I knew that when I got up in the morning, if I persevered and was persistent that I would reach my goal.

Well, what we do is use those same principles in recovery; that we say that let's take the focus off of the dope and let's put it on the hope.

Now, the same things that you use on a daily basis in order to survive, let's apply those same principles to a change and a redirection of life, of your life.

It is very crucial that a program will be accountable, accountable to the individual coming into your establishment for help, and I see the mingling as a problem.

You know, I'm in a situation now where, OK, I received $125,000 from the State about a year-and-a-half ago to do renovation of our building that we are going into. Part of what we did was sign a covenant with the State that we would not have any worship services, nor are we going to turn it into a Fraternal Order of Police either or fraternity, but I had no problems with doing that because we are a spiritually based program.

Now, if someone ends up in church—and hopefully we do want to get them on that spiritual path, but that's not the input. The input is to meet the individual at the level of their needs, to address those issues that got them there in the first place, and that's where I see it as being.

Ms. TROLLINGER. At House of Hope we are a 501(C)(3) organization and we—I don't discriminate with race, color, creed, or denominations, but we started with $200 and five of us praying, and our budget today is $90,000 a month, and we never know where the money is coming from, but God is always faithful.

One time somebody send us a check for $1 million, somebody I didn't even know, but the word gets out of a program that's doing the right thing and has results.

We were audited. We have a CPA that is on staff with us. We were audited by the IRS, and they said that they had never seen books as clean as ours, so our books are open. We don't have anything to hide. We know that we have a great success rate because we are doing what God has called us to do, and that's family restoration.

Mr. CASTELLANI. Great comments. You look forward to a day like this when you can have an open dialog, and you think about all these things for months and weeks.

And as I think of this today, I wrote down just a few notes. I think there—I'm not opposed to any kind of a credentialling or licensure, per se, as long as it is not a control.

We looked at the medical field, and there's different forms of doctors. There was a day when Blue Cross would not pay for chiropractors, but now they do, and things like this, so I think there's different forms of healing that can come to a person, whatever his problems may be, whether it's in the drug field or whatever it is. I just wouldn't want it to be a dictatorial type.

And when it comes to finances, in our 150 Teen Challenge centers across the United States, all of them have to have an audit by a CPA firm yearly. It is part of our accreditation that we have instituted among ourselves.

Now, if it is an institution less than $100,000 income, it is not a CPA but it is another form. I can't tell you the form that it is, but it is another form. So any of our institutions with $100,000 income or more have to have a CPA firm do a certification on their auditing.

I just feel that there are so many ways that this can be done. And I understand that when our President opened this up to faith-based, yes, it could be any religion, whatever the religion may be, and I have to accept that. I also accept the fact that he has given me an opportunity to come to the table, and so I—and I end with this. I think Elijah had this problem—not problem, but he was confronted with the same challenge 1 day, when he says, "Bring all the water you want and see what happens," and then he says, "OK, you pray the way you want, rather, and see what happens," and they prayed all they could and nothing happened. He said, "Now soak it with water," and he prayed and it happened.

And so I think we need to look at the outcomes. If the outcome is there and it is working, whether we use a certified mechanic or whether we use a good mechanic in our neighborhood, if it works I think we ought to be grateful that our car runs.

I just thank you.

Mr. CUMMINGS. I want to thank you, Mr. Chairman, for your indulgence, and I just wanted to say to you—at first I thought you were talking about me. My name is Elijah. [Laughter.]

Mr. SOUDER. Mr. Mica.

Mr. MICA. Thank you, Mr. Chairman.

Mr. Cummings raises really the core of the issue that we face, and that's the separation of church and State, and I want to ask each of you how do you think that we can mix public money with your private faith-based activity and not make you subject to all the red tape, the possible intrusion of the Government. Do you think that's possible? I'll start with Sara.

Ms. TROLLINGER. I think charitable choice, that people can choose to give more and the deductions would be greater for them. I also think that Government money can be put into things like drug treatment doctors, where a person can choose to go to a program that is working. We can use it for job training, vocational training, scholarships. Our parents actually give 11 percent of what it costs us to operate, so we have an 89 percent shortfall, but Government may be matching funds in some areas, places where we don't have to—where we can keep the church and State separated without, you know, teaching the Jesus Christ is Lord of all, but, you know, we'll still do that in the basic foundation areas.

Mr. MICA. Maybe some others could respond. Do you think it is possible? And if anyone has any other unique approaches they might submit to the subcommittee.

Reverend SANDERS. I know it is possible, and I think if more people would pay closer attention to the model that former Mayor Steve Goldsmith established, as I indicated earlier members of his staff helped us to cut through a lot of the bureaucratic jargon and so forth and they assisted us with our grant applications and they just made the process easier, and they never interfered with what we were doing. I think they respected the fact that we were already committed to doing what we do and we're going to maintain that commitment with or without the help of outside agencies. But they played a great part in assisting us, but they never interfered with anything we were doing. It was a hands-off approach, government working in partnership with faith-based groups.

Mr. MICA. Thank you.

One other thing that I might like to establish for the record is that, in previous testimony before this subcommittee, most of the public or secular-based treatment programs have had a dismal success ratio, sometimes as low as 25, 30 percent, and I believe—and that's part of what I'd like to have you all make part of the record, sharing with us your success rate. Maybe you could give us some range of success with your faith-based programs, again, that we can use as a comparison in the future.

Sir, let's just go down the line, if you want to give us guesstimates or ranges for the record, we'd appreciate it.

Reverend SANDERS. For the record, we opened our center in 1998. We have been instrumental in getting more than 150 people in residential programs, and through our weekly—we network with other agencies that provide different services, and through our weekly support group meetings and 12-step program meetings, some of our meetings have outgrown our facility, which is located one block from the church, so we open up the church, and on an average we help to keep more than 100 people sober a week through our 12-step programs and our support group meetings.

Mr. MICA. Is that about two-thirds, two out of three, as far as success rate? I mean, what we're trying to do is get some handle on—I mean, if you have the same ratio of failure that the public programs are, there isn't a whole lot of incentive for us to——

Reverend SANDERS. Well, I haven't——

Mr. MICA [continuing]. Put money into a program if it is not successful.

Reverend SANDERS. Well, our program is successful, because if we don't help but one individual we've been successful. I haven't compared our program with other secular programs to see who is doing a better——

Mr. MICA. Well, of those who come in or are a part of your program, what percentage do you think you are helping?

Reverend SANDERS. I would say three out of five.

Mr. MICA. Three out of five?

Reverend SANDERS. Yes.

Mr. MICA. And, sir?

Reverend SMITH. May I respond to the first question you asked about the separation of the moneys?

Mr. MICA. Right.

Reverend SMITH. And as far as the church, because we are not a church, we are a spiritually based organization, so we aren't proselytizing people in terms of, you know, you have to be Baptist, you have to be, I mean, what have you.

I am blessed that my wife is an accountant, so I don't have the separation problems in the accounting problem with that, because I think there is a danger in the mingling. You know, I'm also temporarily in a situation where we have received some dollars from the CDC, and at this point, since there is nothing really enacted, there is mingling. There's mingling in the sense that supporting of the church, itself, is a church sometimes, it's an outreach sometimes, you know, but the lights are on all the time. And what I'm saying, there is a danger of a mingling unless it is a—my suggestion would be a separate 501(C)(3), first of all. Second, I have to always go back to the accreditation, because with accreditation you can prove rather than have to guesstimate of who was serviced, that you have the proof, because it is documented.

And, you know, we seem to be—the faith-based organizations have survived a lot of things, and I hear my, "Well, I don't know whether they would be able to function under all the pressure, all the—" you know. The faith-based community has survived a lot of other things heavier than this coming down, so it would be an opportunity also for the faith-based community to step up to the plate and become accountable or more accountable in addressing this issue.

Those would be my comments.

Mr. MICA. What about your success rate?

Reverend SMITH. At this point, we are doing more education right now at this point.

Mr. MICA. Than treatment?

Reverend SANDERS. No. We are in the process of being certified, you know, to do treatment, because I'm a firm believer in that I think it has to be a meshing of the two, the traditional treatment, the traditional accountability, as well as the spiritual aspect of it.

I have been doing this about 30 years, and I've found that in most spiritual programs or programs or even programs that develop in church, they usually already address individuals who have already been through a certain amount of modalities or have been through some things, and they are sustaining, but, like the coming in the door, I have seen problems with that.

Mr. MICA. Ms. Trollinger.

Ms. TROLLINGER. At House of Hope we have had over 700 who have gone through our program. We have hundreds have been through outpatient that are not in the residential facility. And we have a 1 percent recidivism rate, and we have a 95 percent success rate, and that 5 percent that—where we did not succeed are those who have not reached their bottom. They have been incorrigible, so disruptive, fought staff, that we had to send them back to detention center, so we've had a great success. And we document our success. We have an after-care program after they graduate that they have to attend. We have counseling that they continue with, and we keep up with them through telephone calls. And we have every August, first Saturday in August, we have a reunion and all the old boys and girls come back.

Mr. MICA. Thank you.

Mr. CASTELLANI. I'm for the accountability factor. The accountability factor, though—I can have great records, but I still do no cure. And so I don't think the records, itself, verify what I do as a person or as a group.

Teen Challenge has had various studies done on it through the years, and I really hate to say the figures, because the figures are quite high. And you look at it, you want to be honest with yourself. You know, all of our figures have been based on graduates, not those who dropped out prematurely, and I don't know of any organization, whether it be secular or Christian, who can verify actually what they've done, what they did.

The New York Times interviewed me recently and I made the error of saying, yes, we have dropouts, and they said, "What's the percentage," so you use a guesstimate. And they used those figures in a negative way. And I don't mind being put in a negative light as long as my competition is in negative light, but when I'm made negative because it is a one-sided issue, it troubles me.

So we've had some great—and the first study we had done, by the way, was done by—the money was provided by HEW. Catherine Hess was a professor from the Columbia University in New York City, and she was running a methadone program, and Teen Challenge in those days—that's almost 20-some years ago now—Teen Challenge in those days was saying they had a 70 percent cure rate, so she got a grant, did the study, and when she got done with the study—now, it wasn't the dropouts along the way. It was the graduates. And the study at that time was 86 percent of the graduates that were still clean, and that's where the statement came. She said, "The difference between Teen Challenge in 1977 and the secular programs was the Jesus factor."

We just had a study done by a young fellow who was doing his doctorate thesis in Northwest University in Chicago, and I understand this is a student, so he did a study and he said that the study was about the same. The one good thing that he brought up, with his small study, small as it was, 90 percent were full-time employed, and we really feel that that's a big factor, as well.

So I think there is more than percentages who drop out and more percentages of who are cured. What are these people doing after?

I welcome either challenge. I welcome the challenge because the truth shall set you free, and I like truth.

Thank you.

Mr. MICA. Thank you, Mr. Chairman.

Mr. SOUDER. We've also been joined by our distinguished leader in the anti-drug effort, Mr. Gilman.

Mr. Davis.

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman. Let me just say I really appreciate this discussion.

I think Representative Cummings has raised some of the issues in terms of what people who are opposed to or people who have reservations or people who are trying to think through the initiative. From the answers that you are giving, I mean, you really operate pretty much like any other 501(C)(3) regular tax-exempt, not-for-profit organization. I mean, I didn't see any difference from what I know many organizations to be.

Let me make sure. Does each one of you receive some kind of public support—that is, public dollars, any public dollars that comes from an amalgamation of individuals, resources that the city controls, State controls, or any public entity controls?

Ms. TROLLINGER. No, we don't.

Mr. DAVIS OF ILLINOIS. You don't?

Ms. TROLLINGER. No, we don't.

Mr. DAVIS OF ILLINOIS. And Teen Challenge does not?

Mr. CASTELLANI. No, but some of our centers do get food stamps because the student qualifies for it, not the center.

Mr. DAVIS OF ILLINOIS. OK. So that doesn't go to the center; that just goes to the individual student. But both of you receive some public—you've gotten money from CDC.

Mr. CASTELLANI. Right.

Mr. DAVIS OF ILLINOIS. And you've gotten money from the city of Indianapolis. That's public. So you both receive some public dollars.

Reverend SANDERS. We have. We have received some, but that's several years ago.

Mr. DAVIS OF ILLINOIS. OK. But you're not receiving——

Reverend SANDERS. At this time, no.

Mr. DAVIS OF ILLINOIS [continuing]. Anything at this time.

Reverend SANDERS. No.

Mr. DAVIS OF ILLINOIS. The recommendation—see, I guess the difficulty that I'm trying to get to is that your recommendations are a little different than what the initiative currently calls for. I'm saying you are all in favor of serious accountability, but does that mean that you'd like to see in the initiative some indication of that—I mean, that there ought to be some indication of accountability in the President's initiative? That's what I'm asking.

Reverend SANDERS. Yes.

Mr. DAVIS OF ILLINOIS. All right. You also, in terms of some people are fearful that standards would be lowered, and, of course, from listening to you, Reverend Smith, I mean, you are suggesting that there be standards in terms of individuals having some level of training, professionalism, or whatever. Is that——

Reverend SANDERS. Yes, sir.

Mr. DAVIS OF ILLINOIS. And I wanted to ask you, Reverend Sanders, in terms of your own background, what kind of professional or preparation do you have for running the programs that you run?

Reverend SANDERS. Well, I don't—I went—I attended college for 2 years in Chicago, but the professional who directs our program is Dr. Rosie Hatcheet. When I referred to the Fairbanks Treatment Center, she is the one that has her credentials. What I've learned to do is to surround myself with professional people and allow them to do those things.

Mr. DAVIS OF ILLINOIS. Is that an M.D., Ph.D. or what?

Reverend SANDERS. Yes, she's a Ph.D.

Mr. DAVIS OF ILLINOIS. So she is a Ph.D., and so none of the activity that you all are engaged in other than some focus on the presence of a supreme entity is any different than any of the other programs. And, of course, it is amusing to hear you say that you surround yourself, because when you were testifying I observed that you were reading, you were giving the information that I had read, and I sat there smiling to myself saying that this gentleman is delivering his testimony verbatim as I had read it without looking at the paper, so you don't need any more training. I mean, you are an expert——

Reverend SANDERS. Without question.

Mr. DAVIS OF ILLINOIS [continuing]. At what you do. So there are people who suggest, you know, that fly by-night individuals, you know, that somebody who just kind of gets the feel is going to come and start to do this, and that's going to lower standards, people are going to discriminate. And I've heard each one of you suggest that, even though you are Baptist or even though you're White or even though you're whatever, if I came and applied for a job at your program and told you that I was Catholic, but if you thought I was a good drug counselor I might get hired. I mean, is that——

[Panel members respond in the affirmative.]

Mr. DAVIS OF ILLINOIS. And so that wouldn't have a bearing. If I came and said, "Well, I'm Black, and you are not," you're not going to say, "I can't hire you."

You see, all of the problems that people raise, you don't represent any of that. But let me ask this one question. And I don't have any problem with the—because, see, I'd hate to have a surgeon, for example, who didn't have any faith, and, of course, I'd hate to have a surgeon who didn't have nothing but faith. [Laughter.]

I mean, I wouldn't want either one. And so this business of mixing without proselytizing, you know, without pushing to the extreme or suggesting that people have got to be this or have got to be that, do you really believe that people who would start to provide services under the initiative would feel a need to do that? I mean——

Reverend SMITH. I think I'd like to go first this time, instead of going last.

I think in my statement one of the things that I said, that it would be a marriage between the behavioral scientist, the behavioralist, as well as—and when I say that, I'm talking about traditional certification—I mean those individuals who are trained to recognize, you know, schizophrenia, depression, and to be able to recommend and diagnose and also to create a treatment plan to assist those individuals. So in a marriage, you know, as well as having the spiritual component there, a lot of times I've found people that, you know, I've talked about Jesus, but you know what, they really wasn't getting it. They were—as hard as they wanted to at that time, they really wasn't getting it because there were some other things that were going on with these individuals. I mean, there were some biological things. And I know Christ can hook it up, but there were some things that were going on that needed some other attention that was far beyond my expertise. There were some areas that I knew without a shadow of doubt—and we've all professed to be faith-based—all the hands in the world would not have made the connection, and yet I believe that God can do that, but I also believe that he also puts other entities in to help. You know, if I get hit by a car and I'm laying there bleeding, please call my pastor, but call 9–1–1 first.

So I believe that it needs to be a marriage, you know, so in that maybe some things will be relaxed. Maybe some things in a marriage—a higher standard will be made. But I believe that it needs to be a coming together and I believe that it can be successful if there is a coming together.

And there's going to be in-fighting. There's going to be different opinions. Maybe one modality might try to take, but what have you. But in a marriage—and those of us who are married, we know that sometimes it is give and take, but it is for the betterment of the marriage, and in this case we're looking at the betterment of the serving of the individual who is coming in who is already in crisis seeking help.

Ms. TROLLINGER. I think that the faith-based ministries our outreaches will be an asset to the Government, and in my packet I listed 14 or 15 different areas that we represent a trust with all levels of society that is not experienced within the Government, and on and on, and I won't take the time to read them now, but I believe that we are going to prove to be a great asset.

Right now we are operating at House of Hope and we don't really need the Government because we are trusting God and he always takes care of all of our needs, but we'd like to be an asset at the same time.

Mr. DAVIS OF ILLINOIS. Thank you. I have no further questions, Mr. Chairman.

Mr. SOUDER. I'd like to quickly clarify, because I think it is a little confusing, two of the questions.

Would the House of Hope hire someone as a drug counselor who wasn't a Christian?

Ms. TROLLINGER. No.

Mr. SOUDER. Even if that meant taking no Government funds?

Ms. TROLLINGER. Exactly. We would not compromise.

Mr. SOUDER. Would Teen Challenge take Government funds if it meant you had to hire a counselor who wasn't a Christian?

Mr. CASTELLANI. No.

Mr. SOUDER. Thank you.

Mr. Gilman.

Mr. GILMAN. By that, by "Christian," as long as you have the faith it doesn't matter what church credential you have.

Mr. SOUDER. And you wouldn't discriminate on race, you wouldn't discriminate on age——

Ms. TROLLINGER. That's right.

Mr. SOUDER [continuing]. You wouldn't discriminate. But because your mission is Christian——

Ms. TROLLINGER. That's right.

Mr. SOUDER. Would that be true of you, too, Pastor Sanders? This isn't who you cover, because by law if you took any Government funds you'd have to cover anybody and currently cover anybody. This is a question of on your staff would you take someone who wasn't a Christian?

Reverend SANDERS. I think our preference would be someone who believes in a Supreme Being, you know, as I stated earlier. We have to respect the fact that people have had different religious and cultural experiences, and I just—you know, that's my approach to it. I just believe that we need, you know, to believe.

Mr. SOUDER. And I understood Reverend Smith to say you would hire?

Reverend SMITH. We would. As a matter of fact, our clinical director, consulting clinical director is a Muslim. He practices the Islamic faith. Because what I've found in religion, if there is—there is three things that runs through all religions, and, you know, it is the relationship between God, the love of community, and the love of self, and those are the principles that we abide by because the bottom line is we are there to help and to assist those who are in need.

Mr. DAVIS OF ILLINOIS. Mr. Chairman, if I could, if I said I was Jewish, does that mean you wouldn't hire me?

Ms. TROLLINGER. If you didn't believe in Jesus Christ as your personal savior, we would not, because that is the success of our program.

Mr. DAVIS OF ILLINOIS. Or if I was Muslim?

Ms. TROLLINGER. Exactly. Same way.

Mr. DAVIS OF ILLINOIS. All right. And——

Mr. CASTELLANI. Yes, we wouldn't—we would not hire to be a counselor, for sure, because our whole premise is the Gospel, and the Scripture says, "A house divided against itself will fall," and "Be not unequally yolked together." I have no problem with a Muslim doing his own thing in his own way. I have absolutely no problem, and I think he could be at this table and he could have the same benefits that I could, but I don't think we have to mix the two. That's my opinion.

Mr. SOUDER. It's pretty clear in where we are headed in the law that if a person has no choice, you can't have a program that would only be Christian. If a person has choices, you could have a Muslim program, a Jewish program, a Christian program, a secular program, or whatever. If you don't have a choice with the money, you can't do this.

It is also clear that you can't use any Government funds if you get it, regardless of whether it is President Bush's proposal or others, you can't use any of that money for proselytizing.

Ms. TROLLINGER. Right.

Mr. SOUDER. It would have to be for a computer, it would have to be for overhead.

Ms. TROLLINGER. Right.

Mr. SOUDER. And you would have to keep clear of the money. But we do have a difficulty with this question of non-discrimination, that we are going to work with and we are trying to work through, because it needs to be inclusive, and our country has a lot of diversity. At the same time, different programs have different strengths, and a Muslim program is not going to want to hire Christians in some cases. Now, if it is a blended program, like several of you, then you may, and that's what we're wrestling with.

I need to go to Mr. Gilman, and then we can get back for some further questions.

Mr. GILMAN. Thank you very much, Mr. Chairman. I think you have raised a very important point, my colleagues raised a very important point about discrimination in taking on some of your patients, clients.

We recognize the importance and vital role that our faith-based organizations are playing, and we commend all of you, but when it comes to having a discriminatory practice, I think you are going to be limited in the kind of Federal funding that you will receive.

We who are fighting the drug war recognize how important it is to give attention to both reduction of demand and reduction of supply, and that we have to do it simultaneously and try to provide adequate resources, but if, as a faith-based organization, if you are going to be solely administering to those of your own faith and being discriminatory in other clients, I think you are going to have a problem about getting any Federal funding. But we want to——

Ms. TROLLINGER. I want to say something about that.

Mr. GILMAN. In just a moment. I want to commend you, though, for the work you are doing, and whatever we can do to find a good solution to those who have become addicted to illicit narcotics is certainly important. I have been fighting this battle for more close to 30 years now, and we have found no silver bullets out there that takes care of those who are in need of treatment and rehabilitation and to deny themselves any further usage of getting more further involved in addiction.

Now, you raised your hand, Ms. Trollinger?

Ms. TROLLINGER. Yes. The clients that we serve and the families, we do not turn anyone away because of their affiliation with—most of them don't believe in anything. They come to us. And we've taken Jewish people, we've taken Muslims, every type group, and we do not push our religion, our particular belief on them. We walk it out in our everyday life. It is caught and not taught.

Mr. GILMAN. I think, though, in response you said you wouldn't take an employee——

Ms. TROLLINGER. Hire someone.

Mr. GILMAN [continuing]. In your organization.

Ms. TROLLINGER. Exactly. An employee who is the example.

Mr. GILMAN. Pardon.

Ms. TROLLINGER. Who is—we would not take an employee as a role model to be a part of our staff. No. But we will—all of our clientele, they are from everything under the sun. They're not—most of them are not Christian.

Mr. GILMAN. Mr. Castellani, I think you raised your hand.

Mr. CASTELLANI. When it comes to taking anyone in the program, we lay out what our program is, and whatever their background of faith or no faith, they're welcome. We accept whosoever will. In fact, when they complete our program, we do not say they need to go to a specific church, but we say, "Please go to church."

Ms. TROLLINGER. Of your choice.

Mr. CASTELLANI. Whatever that church is. And we have had many Jewish individuals go through Teen Challenge, and when they complete our program some of them return to their Jewish synagogue, some of them say they're "completed Jew" now in various forums like this, and we've had individuals that were Muslims that have come in the program, and we just say to them, "Look, as long as you don't disrupt the program—this is who we are, this is what we believe—you can be here." And that's the agreement when he comes in. He knows that coming in. And if he decides halfway through, "Look, I can't put up with this stuff," then fine, he can dismiss himself and we'll help him find another program. That's the way we work.

Mr. GILMAN. What is the average of your success rate, including any recidivist? And do you followup so that you have an accurate——

Ms. TROLLINGER. Yes, I—are you speaking to me?

Mr. GILMAN. Yes, please.

Ms. TROLLINGER. Yes. I just quoted a few moments ago that our success rate is 95 percent, restoring our teenagers—they are between the ages of 12 and 18—back home to their parents with—the parents have to be part of the program, also.

Mr. GILMAN. But what about the followup after they get back to them?

Ms. TROLLINGER. All right. The followup, they continue counseling after they leave, they continue after-care programs after that. We keep up with them by telephone calls and——

Mr. GILMAN. Is there any recidivism?

Ms. TROLLINGER. It's 1 percent.

Mr. GILMAN. And how far do you follow your clients? Out to what——

Ms. TROLLINGER. We continue to follow them, because we-every August 1st every one is contacted, and we talk with them personally and they come back to a reunion with us.

Mr. GILMAN. Would our other panelists comment on your success rate?

Reverend SMITH. As I stated, right now we are——

Mr. GILMAN. Could you put the microphone a little closer, please?

Reverend SMITH. As I commented earlier, from Group Ministries Baltimore, right now we are doing it more educational forums at this point, but I will provide the committee with statistics from Group Ministries Buffalo, which would have those.

Mr. GILMAN. What do you estimate to be your success rate?

Reverend SMITH. I would estimate, of what we have done in the last year, I would say it's somewhere around 55 percent.

Mr. GILMAN. That seems like——

Reverend SMITH. And in terms of followup, we do follow individuals, you know, everywhere.

Mr. GILMAN. Yes.

Reverend SMITH. If they go into another modality, if we see them on the streets, or what have you, we followup.

Mr. GILMAN. That sounds like a pretty accurate estimate.

Mr. Castellani, what's your success rate?

Mr. CASTELLANI. We've had three studies of those who have graduated the program, and so far the three studies have been between 70 and 85 percent of those who have not gone back to drugs. And the last study was done—I'm guessing—3 or 4 years ago, and this was 3 years after graduation. And the other part of that study I mentioned earlier was 90 percent are full-time employed.

Mr. GILMAN. To what extent do you do your followup? How many years after they graduate from your program?

Mr. CASTELLANI. Well, to be candid, it is very difficult to followup on graduates because many of our graduates—many of our students come to us from living under a bridge, under a cardboard box or something, and so when they leave, thank goodness, many of them do go back to their families, but because they've been out of the work circulation for a while, not only the time they were in the program but long prior, they make two or three moves within a year or more before they settle in and get a decent-paying job.

And we do our best. We do have an alumni. We do our best to keep up with it, but it is like all of us, when we get our mail we separate it and some goes into file 13 and some we keep, and so I wish I could say we have 100 percent of our students who report on a regular basis, but I can't say that, but there is accountability, though. When you go across our churches—and I'm talking churches everywhere. I go into churches, all kinds of churches every Sunday. I'll go into a Methodist church and they'll come up to me—whatever the church name may be, they're out there.

I wish I could say, yes, that we can make them be accountable, but we haven't been able to do that.

Mr. GILMAN. Ms. Trollinger, how do you account for the fact that the average seems to be 50 to 60, maybe 70 percent, and you have a 95 percent success rate? How do you account for that, and how——

Ms. TROLLINGER. I count——

Mr. GILMAN. How many years after graduation do you followup?

Ms. TROLLINGER. We continue after graduation.

These men who have just been sharing work with, most of them, with over 18. We work between 12 and 18-year-olds, and they are brought there by their parents or by a guardian, and when the guardian has to sign a paper that they will come to parenting classes, or the parent, they have to come to counseling every week—our whole thrust is getting the family reconciled. Parents don't know how to be good parents. Their parents didn't know how to train them. But we teach them and the buck stops at House of Hope. And we continue checking on the parents after they leave the program.

So we have—our program is unique because we catch the young people in time before they've gotten out on the street and gotten in jails and so forth, gotten in several marriages, and it's a lot tougher after they get there. And that's why the emphasis now is on—the No. 1 problem across America is the teenager and the family, and that's what we're working on. It's a lot more accountability and easier to measure the statistics.

Mr. GILMAN. I was asking—Mr. Sanders, I was asking what the average success rate was. Could you tell us what your success rate is in treatment?

Reverend SANDERS. I can—we have the documentation. I can get it back to the committee.

Mr. GILMAN. Just if you could estimate it.

Reverend SANDERS. My estimate would be about three out of five.

Mr. GILMAN. Three out of five?

Reverend SANDERS. Right.

Mr. GILMAN. And how far—how many years after graduation do you do your followup?

Reverend SANDERS. At least 3 or 4 years, but we have only been in—and that's as far as we can go.

Mr. GILMAN. Right.

Reverend SANDERS. We started this in the church prior to opening our center in 1998. We actually started in about 1996 or 1997. We began with an in-house support group, and then with Fairbanks providing workshops and seminars and training for recovering addicts and others who wanted to assist us in becoming a part of this great ministry.

Mr. GILMAN. One last question, Mr. Chairman. Do any of your programs include alcoholics?

Ms. TROLLINGER. Yes.

Reverend SANDERS. Alcohol is the No. 1 drug because it is legal.

[All witnesses respond in the affirmative.]

Mr. GILMAN. You're all shaking your head that you all include alcoholism?

[All witnesses respond in the affirmative.]

Mr. GILMAN. Thank you very much.

Thank you, Mr. Chairman.

Mr. SOUDER. Thank you.

I know a few of us have some additional questions, and I want to make a couple of comments.

Accountability, as you can tell, is of major interest to Congress in trying to figure out how to do this, and, much like if I can make an editorial comment on the education bill we're talking through, the stupidity of national testing is illustrated in the difficulty of accountability here because anybody who goes into any high-risk area, as we just heard, knows there is an incredible mobility, and in the education test we're going to hold a school accountable when in the next year 70 percent of those kids may not be at that school, and therefore that school is going to be punished when the kids may not be there.

Part of our problem here is that in accountability this is a difficult problem when people are moving around, and yet, at the same time, if we are going to ask for taxpayer money we are trying to figure out how to get this, and we are going to need to look, and any of you who have some suggestions that you want to reflect on and get back to us in a week or so of how we can improve accountability and what kind of auditing we can do that doesn't put undue paperwork pressure, which leads to my second comment.

I have a concern, as do many others in this, that the people who are most effective in the street aren't the pencil-pushers, and the people who are the Beltway Bandits who know how to do the forms are not necessarily the people who are most effective in the street, and that's our dilemma here, which is: how do we get money to people who are effective, and at the same time have the accountability that the taxpayers want and not turn all of you into a bunch of bureaucrats, which is what part of our problem was in the first place? And we are wrestling with that question. Any suggestions you have on that matter would be helpful.

Another problem that we are clearly dealing with is how to deal with the problem of choice in America and the fact that some orthodox Jews want to only go to an orthodox Jewish place, some Muslims only want to go to a Muslim place. Some Christians only want to go to a Christian place. And most Americans want to go to a place that includes everybody. But should we say that unless it includes everybody you can't be eligible for a program? That's one of our dilemmas here—not in who can come in the door, but whether a different ministry can, in fact, because of its Christian nature, have an impact, because of a Muslim nature have an impact because the Muslim on the street have a tremendous code of discipline that they demand in the program, much like a fundamentalist Christian would. Other faiths have different approaches. And should they be allowed to co-exist, or do we all have to do it one way, the Government way? That's one of the dilemmas we are battling here, and it is going to be the big stumbling block that may mean that the charitable choice program does not go ahead. It is our biggest stumbling block in Congress to try to address this question, because it's very awkward to say, "Yes, I wouldn't hire somebody who doesn't share my faith," yet, if it is a faith-based program and you change your faith it is difficult.

Now, if you define yourself as "we're inclusive," and you have a different approach, which leads me to one last thing—and if you want to comment on it—well, let me mention one other thing I want you to followup with, and we'll put this in writing, too. One other thing I want to say is: what technical assistance could you use if you had more resources? And maybe we can answer that here. But I also want you to reflect on this question, and that is: we've heard a lot about the licensing question, and fundamentally I share a lot of that and I believe we have to work this through, but I can't—I have no other answer to this question. I agree with you if it is a surgeon and it is something that is purely physical, I want to know that they have faith and the training. But if it is psychological, it's a little bit different ball game, and even in some medical it matters.

I had a Native American, the head of the Utes when I was a staffer, who told me that he believes some Government funds should be used for Medicine Men, and I didn't necessarily agree with that, and he said, "You know, one-third of your people who enter the hospital come out sicker than they go in." That's in the New England Journal of Medicine. And he said that, "In the Indian nations we believe that a lot of medicine is psychological, not just physical, and who are you to tell us how to do it?"

Tough questions. The more hard science there is, the more clearly you want the double training. But the fact is that I've been in Freddie Garcia's program in San Antonio, and these men are street former addicts who have not had formal training. They don't pretend to be a drug treatment program and they wouldn't be eligible under our programs. That's partly why they are not here today. But I have personally met 250 former crack, heroin, marijuana, and alcohol addicts who have changed, and they've changed because of counselors who didn't have a license.

Now, like I say, they won't be eligible under this program because we are going to have more criteria and all they do is Bible study.

And, furthermore, I've personally talk to at least 50 of those after having been up at Johns Hopkins crack cocaine center, where they told me you could not go cold turkey, with people who went cold turkey and are still clean 15 years later.

We should never deny that the power of faith can do it, but, as Freddie would say—and I'm sure any program that doesn't have the same licensing as a Federal program would say—"It's not for everybody," and many people need a lot more, and somehow we've got to figure out how to have the diagnosis if it is a Federal program that isn't just faith, and at the same time don't rule out that many people, through the power of faith, whether it is the Native Americans or whether it is Christians today, that faith can overcome a lot of other kinds of healings, and that's a huge dilemma for us to work through.

Do any one of you want to comment?

Reverend SANDERS. A couple of things I'd like to respond to.

First of all, I'd like to say I think it would be an insult to faith-based groups if we didn't agree with what Reverend Smith has said again and again—that we should be held to the same high standard of accountability as any other organization receiving assistance from the Government.

And regarding discriminating on the basis of belief systems, my view is I know enough about Islam to know that the word means one who is in submission to God, and the word Allah means all-in-all, so anyone who sees—there's only one true, living God. If a man embraces that one God as his all-in-all, and if a man is living his life in submission to the will of his Creator, he is my brother. So I don't have a problem with that because I think the word "faith" is universal, you know, so I just don't have a problem with the belief system that an individual embraces, as long as it has to do with that one true, living God.

Mr. SOUDER. Anybody else have any comments?

Reverend SMITH. Yes. One of the things that Group Ministries did was that we received one of our first grants from the Centers for Disease Control, and we went to the AIDS Administration and we said, "We want your evaluators to come in and to help us to set up an evaluation piece," because one of the things I do realize is that if you don't help to set up the parameters, then somebody else will. And now they use us as a model, and they talk about Group Ministries came to us.

And so what I'm saying is that that has to be. It goes back to what I said before. It's a marriage. It is not going to be happy all the time. It's not going to be sad all the time. But it's something that needs to be worked through because it has to take place, you know, because the accountability has to be there. You know what I mean? The certification to understand how people function with different illnesses. You know what I mean? I was a heroin addict, and there was a lot of other things going on with me besides the drugs. And, you know, drugs wasn't my problem, but there was a lot of other things that were going on that, had not they been addressed—and what I'm proposing is that, the marriage.

So, in terms of technical assistance, is that there be moneys supplied to be able to start to test those, to start to, you know, do some test programs, to—monies so that it can be—that programs like Group Ministries or other programs who are willing to step up to the plate like we are and saying, "I'm not afraid of you coming in," because one of the things is inviting people in has helped us to be, one, a stronger program, and, two, if faith-based gets all of this just not have to do the accreditation or whatever, what about the program across the street who has to go through all of those types of—you know what I mean—restraints? You know, it's certainly not going to give them any incentives to really prove themselves.

And I believe that we are strong enough to be able to battle through whatever—I'll call them "logistics," for lack of a better word, but to be able to battle through whatever the problems would be in that marriage because it has to come together. If we are going to treat folks in a holistic way, it has to come together, the marriage between behavioralists and the faith, it has to be a marriage.

Mr. SOUDER. Mr. Castellani.

Mr. CASTELLANI. We're licensed in Pennsylvania, so that's not a real big issue. The real big issue is in our licensing, because we are faith-based, we can't get financed. And that's not an issue, either, because we are not in it for the money.

Really, I don't know if we really should be supported by Government or anything 100 percent. I really—I think that if you take faith out of who we are and what we do, when it comes down to fundraising I think you may spoil us, ruin us. I'm just, you know, I'm just being objective here.

I think there needs to be a help. I think we need to come alongside, just like we need to come alongside Government.

And really my feeling is that a person should be fed, clothed, sheltered, and medicated, whatever his medical needs are, and if those items are taken care of, how we implement everything we do I don't think is as big an issue, as long as we are doing it right and providing help for this man.

So I think the man, lady, boy, girl, I think their needs need to be taken care of, and whether we—we've discussed this much, and I really feel that we want to be there, we want to help, and we're going to do what we have been doing for the next 40 years, God willing, as long as people continue to believe in us and support us.

Thank you.

Mr. SOUDER. Thank you.

I still remain—while I believe licensing is an important function, the fact is I'm more concerned about outcomes than the license, and that we have not seen evidence that the two are correlated, and that's one. But we don't have convincing evidence that they aren't, and that's one of the reasons we need to know how to monitor.

And I would argue different people need different things, and what we ought to be doing is measuring outcomes, not process, and that too often Government is process oriented rather than measuring what actually is working at the grassroots.

I need to go to Mr. Cummings.

Mr. CUMMINGS. Thank you very much, Mr. Chairman.

I was very—it's very interesting, your comments. I agree with you. And this—you basically summarized why it is that I think this whole faith-based initiative is in trouble. And I want the witnesses, you know, to—I want, first of all, for you to understand that we really do appreciate what you are saying and we appreciate your candor. As a matter of fact, out of all the hearings that I have been involved in, this has been probably one of the best hearings that, as far as the witnesses are concerned, to bring out the problems that we face, and it is really you all just telling what you know, and I appreciate that.

Let me just give you some very brief comments so that you can understand the significance of the problems.

In Baltimore we had a lot of problems in our public housing projects, and we, the city of Baltimore, hired an agency which was connected with the Muslims, Lewis Farakhan, Minister Farakhan, when using Government funds to basically guard these public housing projects without any weapons. They were the most effective group that has ever guarded the public housing projects. They were well-respected, and, as a matter of fact, people loved them, but they were just well-respected and they got the job done.

And I'm here to tell you that there were segments of the Baltimore community that, although they cut down drugs, murders, everything, there were segments of the Baltimore community that said, because they were associated with the Muslims and Lewis Farakhan, they had to go. They didn't want their Federal moneys going into that organization in any kind of way.

And in my District we have a substantial number of Jewish people. They were offended. In my District—by the way, I also have a substantial number of Buddhists, which is a little—I don't know how much you all know about the Buddhist faith, but it is a little different than what we—than what you all believe in.

And Pastor Sanders, you know, I know what you mean when you say, you know, the Higher Power, but not everybody feels that way, and that's the problem that we run into. We've got people who are saying that, "I don't want to pay into a system that will discriminate against my daughter if she goes to one of your organizations, you know." I'm Jewish, and if my daughter, who is a good young lady who has gone to college, who has done well, and she is interested and maybe you're the only organization in town and this is what she wants to do, and she goes to you and says—first thing she says is, "I am Janice Shapiro and I want to be hired," they don't want—they hate the idea that their tax dollars—see, that's the key—could be used in a way to make it so that her daughter can't be hired. That's the problem.

And I think that most Americans would probably feel the same way. And so we face this situation where, while we are the great melting pot and that is so wonderful, it also helps to create the dilemma that we find ourselves in with regard to faith-based organizations.

One of the things that concerns me, too, is that—and we need to keep this in mind—and going to some of the things that you said, Reverend Smith, you know, one of the things that we've noticed in the Congress and we spend a lot of our time dealing with is people who try to find their way around the system. You know, I mean, we look at fraud, Medicare fraud. It's horrible. I forgot the millions upon millions of dollars, billions, in Medicare fraud. People have found a way to get around.

And so one of the reasons why I guess accountability is so significant is because the American public wants two things with regard to their tax dollars, and I think you will find that the comments that I'm making, the next sentence I say, I think you will find agreement with every—with 435 Members of the Congress and 100 Members of the Senate. It's the one thing we do agree on, and that is that the American's tax dollars must be spent effectively and efficiently. Those two things you'll get no problem. We all agree.

So it is not—and it is not a question—and I mean this—it is not a question of whether faith-based works. That's not the question. But I'll tell you another thing that is happening. We have spent a lot of time in this committee, not this year but in past terms, dealing with the question of whether we should have standards and how do we measure effectiveness. You know why? Because we are worried about a lot of people who set up shop—not you all—who set up shop to get the money but don't deliver the service.

And what happens is that's a disservice not only to every single taxpayer of this country, but guess who else it is a disservice to—it's a disservice to the person who comes in there for treatment and doesn't get it, and in a way it would probably have been better off if he had never even gone to try because he comes out—because I know a lot of these people—they come out feeling angry that they took the time. And you all know the theory that you've got to catch somebody when they are most ready to be treated. So they go and they say, "OK, maybe someone like you. I'm ready to be treated. I'm tired of this life. I'm ready to get in here and do it," and they go in, and then there is a sham, and so when they come out they're angry. And the fact is that not only are they angry, but they are less apt, I think, to go back. So we have not helped the problem.

And so I take this moment simply to summarize all that so that you understand. You know, I don't want you to feel in any way—say well, you know, when the Congressmen and Congresswoman said something, it sounds like, well, maybe they disagree with me, or whatever. It's not about that. All we're trying to do is get to the best policy. You know, whatever the truth is, that's what we want, so that we can move from here to say, "OK, we see—" you mentioned it, Pastor Sanders, about, you know, if you're going to have a faith-based thing, and you talked about the front porch initiative, you talked about—you helped me to answer one of my questions.

Well, maybe there is a way that you can have some kind of technical assistance to help to make sure that things are done right. That's a big concern of mine. I don't want my pastor going to jail. I don't want him indicted. I don't. He's got about 7,000 parishioners. I mean, that would be a shame, you know, your pastor sitting in jail over something that maybe he just didn't know.

So all I'm saying to you is that these are—you have helped us tremendously, and I want to thank you, Mr. Chairman, for your kindness in letting me go a little bit over, but I really do want you to understand that you have helped to bring out the situation that we face, and nobody—and there's nobody up here that is going to knock you for saying that, well, if they don't—if they're not about faith, we're not going to hire them. We're not knocking it, but what we are concerned about is that if our tax dollars are being used to promote the discrimination, that's a problem. That's a major, major problem.

And so I hope that I have put it in—I mean, if you all want to comment briefly on what I've said I'd appreciate it, but if you don't, that's fine.

Ms. TROLLINGER. I'd like to make a comment. The tax dollars going for discrimination, but if you look at the results and you measure all the results that you will be able to get in, you'll see that it is when Jesus Christ is lifted up, he's the one that has the power that changes things, and that's why we have a 95 percent success rate.

Mr. CUMMINGS. And I agree with that, but just one quick comment, Mr. Chairman. One of the things that I guess that I have always been concerned about is when we make policy based upon emergency. In other words, when we change policy to address a situation, and then after the situation is gone, is passed by, you still have the policy in place.

In other words, I think that a lot of times when we look at the crime situation we have a tendency, because we want to get rid of crime so fast, we have a tendency to make laws that may just be on the edge of unconstitutionality so that we can get to the problem. But what happens when all of that is over?

I guess what I'm saying is we have something called the Constitution of the United States of America, and that Constitution, this Congress has constantly tried to breathe life into that document and make sure that it is sustained, it has been sustained over many, many, many, many years, and I guess that's what we always have to fall back on.

Our problem is, if you want to call it that, is every 2 years we put our hand up and say we're going to uphold this thing called the Constitution of the United States. People can disagree on what it means, but it is our duty to uphold it. No matter what the good may be, you know, we still have to—no matter what the end, how great the end may be, there's still a certain means test that we have to go through to get there, whether we like it or not.

Mr. CASTELLANI. I'd just like to say I agree with you, and I respect your position and all the position of the Government, I mean, because I'm a first-generation this country. My father was an immigrant and went to third grade. He told me to get an education, and I wish I had gotten more, I wish I took his advice more, and I really appreciate and respect what's going on.

My problem—it's not a problem. The question is: are we only going to support secular humanism, or can we support secular humanism and can we support the faith-based under the same umbrella? That's my question. And I don't know how—I don't know the answer.

Thank you.

Mr. SOUDER. Mr. Davis, do you have any further comments or questions?

Mr. DAVIS OF ILLINOIS. Thank you very much, Mr. Chairman.

I think one of the things that we have to do is try and reach an accord, and I think that's what this whole process is really about, and that's what democracy also, I believe, is about.

See, I happen to believe that my rights end where the next person's rights begin, and that all of those rights ought to be protected, and so I want to thank each one of you for coming and for giving your testimony, and I was very pleased to hear what you have to say, but I must confess that I was even more pleased, Mr. Chairman, to hear what you had to say in terms of the concern in relationship to choice, because I really want to be able ultimately to support this initiative, because I think that there are things that can happen that won't happen any other way. I mean, I've spent most of my life dealing with poverty, depravation, and disadvantagement first-hand, and I've never been any place yet where there was enough effort put forth to find solutions and deal with the problems as they existed.

I think, for example, in many instances faith-based activities have the ability to generate a level of participation in terms of the numbers of people who are willing to come and volunteer or voluntarily give of themselves, who won't do it through any other initiative but will do it through a spiritually based or church-based or religious-based activity.

I hope that we can get to the point where individuals can all see each other contributing in one way, shape, form, or fashion, so that maybe legislation could be shaped that it does, in fact, provide the accountability vehicles; that it does, in fact, prevent the opportunity to discriminate; that it does, in fact, provide the opportunity to draw people more closely together in their thinking; and that it does provide the opportunity to make use of something that people can feel but always can't necessarily touch, can't always necessarily grab.

I agree with the licensing in terms of I don't want to see a person who took psychology 101 get to thinking that they can now operate like a psychiatrist just because they have got faith. But also, as a trained behavior scientist, I think that when you can add another dimension to what it is that you are observing, what it is you are trying to see, and what it is that you are trying to convey, that there is another level of connectedness that you might be able to reach with individuals.

I also take the position that there is nothing more threatening to this country than the use of habit-forming drugs, that there is nothing. There are some communities where the level of participation is so high until it is unbelievable, crack and blow, you know, a rock and a mock. I mean, it is debilitating in many instances to the whole community, the whole neighborhood.

And so, Mr. Chairman, if we can shape this in such a way that it can provide the guarantees and safeguards so that a person of Jewish descent doesn't have to worry about there being any instances where he or she may be denied some opportunities because they are Jewish, or a person who is Buddhist can know that, just because I am Buddhist, that doesn't mean that I can't be effective in doing something that I want to do, know how to do, and want to help do, and want to help make it happen.

The separation of church and State is uppermost in the minds of some people, but I also notice that when we look at the currency that it says, "In God we trust." And I don't know how you can separate too much of that in terms of what this country in many ways was really founded upon, and that's the notion of religious freedom.

I think if we can find a way to get some resources to people and not do anything to desecrate, diminish, or deny those freedoms, I'm certainly in favor of looking for it.

And so I thank you, Mr. Chairman, for this hearing. I thank the witnesses for coming to share with us. And I really do hope in the end that we can find a way to enact legislation that will accomplish some of the goals, but also provide the necessary safeguards.

So I thank you and yield back the balance of any time.

Mr. SOUDER. Thank you. And I want to thank you all for coming. You've heard a lot of our dilemmas. We are facing a changing America. I represent northeast Indiana, the part of Indiana that nobody in Indianapolis thinks really exists because they're the big guys in the State, but even in a small school district of Vangola we have 22 languages now, and it is a small town in Indiana that they have one teacher now who speaks Farsi to try to deal with the Middle Eastern immigrants. In Fort Wayne we have become the center of dissident Burmese in the world—gone from 200 to 400 to 1,200 in a period of less than 36 months. All of a sudden, when we're looking at faith-based organizations it is a different mix in even a place like Fort Wayne, IN, which is a very isolationist historically community. And we have to be very careful to figure out, as we deal with these Constitutional questions, how to do this.

America is a very religious Nation. We attract people who have those values of different types. We were originally and still are rooted in Judeo-Christian teachings, but we are having much more diversity than we used to, and we have to figure out how our Constitution is going to accommodate this without undermining it. At the same time, for those of us who believe, as I do, that sin is a driving problem, and that, as we heard Mr. Frederick say, it is the inside, not just the outside, can we, without using Government dollars to proselytize, figure out a way that, you know, that the shelter, as you talked about, the roof isn't spiritual, the food that somebody eats is usually not spiritual, and in trying to figure out how those basic needs can be covered, and yet protect the religious diversity and the choices is our challenge.

In addition, Mr. Cummings pointed out another of our challenges, and that is—which President Bush had in his proposal but which is not in the current proposal in front of us in Congress—is how to provide the skills necessary so that you don't get entangled in this process and we don't take the people off the street who are trying to do it.

And the one other thing that is a danger of getting lost in this that I made one reference to—and your testimony all was very clear—and that was you don't just treat drug and alcohol addiction, that it is an enabler. It makes every problem worse. People who are hurting turn to it. But ultimately you have to figure out how to address their soul, but then also figure out how they are going to feed themselves, how are they not going to fall back into the very same problem that they had, and that somebody needs to stand beside them. All of your programs had a stand-beside-them component, not just a, "This is 6 months, the insurance is out, goodbye." And we have to figure out how to address that, as well.

With that, I thank Congressman Cummings and Congressman Davis, who are both very reflective and articulate people, and you could probably invite either of them to preach at your church any time. [Laughter.]

With that, we stand adjourned.

[Whereupon, at 12:15 p.m., the subcommittee was adjourned, to reconvene at the call of the Chair.]

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